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UNIVERSITY OF ALBERTA

Psychotherapy and Epistemological Differences

BY

Anthony Grootelaar



A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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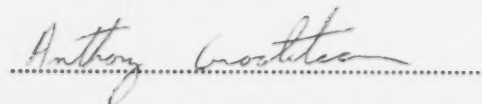
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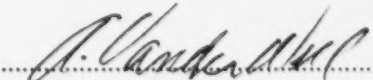
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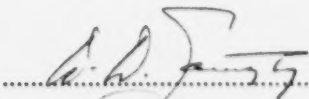
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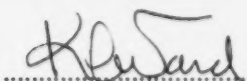
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.....

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Dr. Ken Ward

Date: Oct. 6th 1992

Dedication

To Teresa, Anya, and Lex for their continuing alchemy
and to all disciples of experience.

Abstract

Epistemological differences are revealed to mediate the validity of psychotherapy, and the nature of psychological change. Fourteen theoretical definitions of resistance are used as source material to illustrate how differences in definition can be linked to differences in epistemological perspective. Once assumed, an epistemological position can be used to justify, not only the definition of resistance obtained, but the entire explanatory system of which that definition is a part.

From among the psychotherapies considered two epistemological positions emerge. A structured orientation attempts to prove that a psychological framework independent and autonomous in its existence determines the meaning of our experiences. This orientation obtains epistemological validity by the capacity of the theory to predict and control the changes observed. When an expected change is not forthcoming it can be said to denote the stability of the psychological framework itself to resist change. A process orientation seeks to identify the conditions where changes in the meaning of an experience can change in relationship to changes in our activity, and when it can not. Resistance connotes a possibility as to how a situation can be seen. This orientation is epistemologically warranted by assuming responsibility for the outcomes our choices create.

The implications when either epistemological stance is utilized to define the reality of therapy are outlined. Seeing the difference an epistemological perspective creates makes more salient the underlying choice needed in order to claim knowledge. Some other domains where an epistemological difference makes a difference are also presented.

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To the men and women of the L'Arche Association of Edmonton for the sacrifices and accommodations made so that this endeavor could be undertaken. To claim that the resultant work exists independent of these supports undoubtedly gives rise to a lie.

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CHAPTER 1: INTRODUCTION

Explored in this thesis is how epistemological differences make a difference not only to the different psychotherapeutic approaches which exist, but our understandings of what the whole of therapy itself is about. Epistemology, the theory of knowledge, or knowing how we know, represents the human capacity to create order, and know that this order exists. What this thesis attempts is to make recognizable that differences in our activity, and their link to an epistemological form of verification make a significant, if not crucial difference, as to the reality within which these different activities take place.

To investigate alternative epistemological perspectives I begin with the order which presently exists, and proceed backwards to when order was absent. It is this backward journey which constitutes the framework of this inquiry. The medium, or domain through which this journey proceeds is the concept of resistance as it is used in the context of therapy.

On examination two features of resistance, as it is defined in psychotherapy, stand out. First, it is fairly common for many who engage therapy to define particular therapeutic events or experiences as representing a resistant interaction. This is reflected in the many diverse and distinctive psychotherapeutic approaches that attempt to explain these experiences. The second interesting feature of resistance is that independent of a theory's particular conceptual content two alternative forms of attribution occur among theories. Some theories attribute resistance as denoting the independent functioning of the client. Some theories attribute

resistance as connoting a form of relationship which makes an experience meaningful.

What is proposed in this thesis is that how resistance is defined occurs as a consequence of different epistemological perspectives. Both the common conceptual employment of resistance among psychotherapies, and the alternative forms of attribution which distinguish theories provide a vehicle for exploring these epistemological differences.

As a whole this thesis reflects an attempt to understand these epistemological sources guided by two questions:

(1.) How did alternative definitions of resistance emerge in therapy, and how are they linked to the epistemological perspectives which brought them forth? And (2.) What are the implications and consequences when a particular epistemological stance defines the reality of therapy?

An Outline

When I began this inquiry I naively assumed that psychological theories in of themselves were a sufficient source from which to derive a response to the questions just presented. Yet, the more I explored the issue, the more my belief in the sufficiency of this assumption was undermined. While it is true in some respects, that a theory does generate responses and answers to questions, the theory itself raises in some respects, this function is incomplete. How do we know our answers and responses are more than just theoretically determined views of reality? Reflecting on this paradox, at some fateful moment I saw the obvious. Theories are human creations and inventions. Consequently we are both theory users and theory makers. Means and ends cannot be separated.

By acknowledging our creative activity in the development of theories the importance of the epistemological perspective to confirm the theoretical order created becomes much more relevant. Once it becomes explicit that the meaning of what we do, (the use we obtain), is tied to what was done, (the order created), the major epistemological foundations on which psychotherapy depends becomes clear.

Each chapter of these thesis highlights an aspect of the dialectic of theory being both created and used. In chapter two I have assembled fourteen different definitions of resistance, and their relationship to the overall theoretical context of which they are a part. These definitions are re-examined in chapter three as to the patterns of attribution utilized. Chapter three concludes by illustrating how a particular form of attribution can seem to be justified because of a theoretically determined view of psychological development. Taken together these two chapters reflect the use theories obtain and the justification for this use.

However, the perspective a theory provides, and an explanation why that perspective is valid is contingent on an epistemological form of verification. Chapter four explores how psychotherapies are designed so that an epistemological form of verification is obtainable. What is demonstrated is that an explanatory system cannot just proclaim itself to be valid it must also show itself to be valid. A clear, although not absolute link, is established among psychotherapies which attribute an experience of resistance to the client with an epistemological position I have labeled structured in its orientation. Conversely, a clear link is shown among psychotherapies where an experience of resistance connotes a possible form of relationship that

emerges from as epistemological stance I have labeled process oriented. My mode of operation in this chapter is to assume the epistemological stance of theorists trying to make sense of the psychological domain. The development of an order which is epistemologically supported is traced so that we can know that order exists. The role of resistance in maintaining the validity of a particular epistemological choice is also considered.

Chapter five explores on several dimensions the implications and consequences for the participants in therapy, and the roles they seem compelled to assume, when a particular epistemological stance is made operational. What is emphasized is that through the use of a particular epistemological perspective we create and define ourselves.

Chapter six provides a summary of the journey taken. The necessary epistemological activity for order to be known is considered as a way to explore other domains of topical relevance.

Significance of this Study

What makes this inquiry significant is two-fold. First it is significant to me. In my practice of psychotherapy I have never been entirely comfortable on the basis of theoretical analysis to know what is wrong, or the cause of a problem. While intervening on the basis of theoretical knowledge, whether covertly or overtly, is often successful in resolving client problems, I remain uneasy about it. One source of this uneasiness is the degree to which clients or society come to depend on me as therapist to solve, fix, or provide relief for problematical situations. This expectation, surely is in part due to the nature of my academic credentials, and a societal expectation of what therapy supposedly can do. In a sense this work charts my attempts to understand how

therapy can be defined. Knowing the difference I can choose how I wish to engage therapy.

The second significant aspect of this exploration flows from the first. By illustrating how and why therapy can be engaged and created in different ways, there is a possibility of engendering an awareness of the difference these differences create. By recognizing the alternative epistemological means used to verify our definitions of therapy it is possible to see how these definitions compel us to act. With an awareness of alternative epistemological forms the role of choice becomes explicit. With choice comes freedom. Acknowledging our freedom it becomes possible for both therapist and client to plainly assert what the experience of therapy is to be, and take responsibility for that decision. With the operational choices made plain the basis of therapy is also made plain. In its conclusion this thesis offers no answers, or methodologically driven facts to justify what these choices must necessarily be. What is given instead is a challenge. The challenge to reflect on our choice of choices in order to claim that which we know.

CHAPTER 2: COLLECTED DEFINITIONS OF RESISTANCE

Introduction

The content of this chapter is a collection of definitions of resistance I have selected from published books and articles. My criterion for selection has been to present as wide a divergence as possible among definitions. From the onset I acknowledge that everything I write about what various psychological theorists were trying to say is my own interpretation of their views. Further I am also aware that a selected quote held as representative of an entire book or article is problematic. This is most obvious to me when the same author has published extensively over a long period of time. An author can and often does change the way they speak about resistance, or modify its conceptual meaning. The best I can hope for is to arrive at some sort of consensus between myself and the reader as to what an author meant.

Fourteen different psychotherapeutic approaches are examined as to how resistance is defined in the context of each approach. Each definition is considered in relationship to the overall goals, purpose, and necessary content of each theory. This larger perspective provides the background from which, in subsequent chapters, underlying epistemological similarities can be drawn.

The Root Meanings of Resistance

Sensitized as I am to the use of the word resistance in our languaging it often stands out for me when I hear the word used in conversation or written in a sentence of text. As a word, resistance has a legitimate role or meaning readily understood by most people in our descriptions of common everyday

situations. The root or first use of the word resistance is not historically known, but possibly came to exist as a combining of previously existing words. The Oxford dictionary provides the following definition. Resist: From the Latin resisto, to withstand -re, to place, to stand, from sto, to stand. To withstand so as not to be impressed by, to form an impediment to; to oppose passively...

The word resistance by extension is therefore (again from the Oxford dictionary): The act of resisting, whether actively or passively; a being or acting in opposition; the quality in matter of not yielding to force or external impression; a force acting in opposition to another force so as to destroy it, or diminish its effect.

Sigmund Freud was the first to use the word resistance in the context of a psychological model oriented to producing change. This marks the beginning of resistance being defined as an important factor in psychotherapy.

Definitions of Resistance in Psychotherapy

Sigmund Freud

"Resistance: In psychoanalysis, a collective term for the patient's failures to associate freely and say what ever enters his head" (Gleitman, 1986, p. A42).

Once Freud had abandoned hypnosis and began the method of free association he noticed that patients did not really comply with his request to freely state everything that came into their heads. He called this phenomena resistance, a resistance of which the client was often unaware. This inability to comply was seen by Freud as an, "overt manifestation of some powerful force that opposed the recovery of critical memories into consciousness due to

defence mechanisms mainly the defense mechanism of repression"

(Ibid., p. 416).

The patient, indeed, behaved in a very unco-operative way when, after telling me her story, she was asked for her further thoughts, ideas and memories. She said that nothing occurred to her, that she had told me everything already, and after two sessions the experiment with me had in fact to be broken off because she announced that she already felt well and that she was sure the pathological idea would not come back. She only said this, of course, from resistance and from dread of the continuation of the analysis (Freud, 1917/1977, p. 252).

It was therefore precisely those moments where a client was most intensely unwilling to recall a memory, or thought, which represented the repressed content needing to be resolved. "The goal of psychotherapy for Freud became the examination and interpretation of the patient's resistances in an attempt to enable the patient to deal with conflicts that had festered, defensively protected from real resolution" (Monte, 1980, p. 61).

By searching for the repression in this way, by uncovering the resistances, by pointing out what is repressed, we really succeed in accomplishing our task- that is, in overcoming the resistances, lifting the repression and transforming the unconscious material into conscious. In doing so we gain the clearest impression of the way in which a violent struggle takes place in the patient's mind about the overcoming of each resistance (Freud, 1917/1977, p. 438).

In this framework resistant behaviors indicated the defense of intrapsychic conflicts which needed to be dealt with first in order that client

symptoms be removed or alleviated. Therefore, in the Freudian model the working through of resistance is the central focus of psychoanalysis. "In the index volume of the German edition of Freud's collected works, references to resistance (Widerstand) take up thirteen columns" (Kaufmann, 1980, p. 64), (*Italics in the original*).

The importance placed on resistance in this framework lead to the identification of many different types of resistance. Freud himself, in 1926, defined five types of resistance seen when dealing with the problem of anxiety.

It must not be supposed that through the foregoing emendation we have achieved a complete perspective regarding the kinds of resistance which confront us in analysis. When we go more deeply into the matter we note, rather, that we have five varieties of resistance to contend with, which derive from three sources, namely, from the ego, from the id, and from the superego- whereby the ego turns out to be the source of three forms of resistance differing from one another in their dynamics. The first of these three ego-resistances is the repression resistance just dealt with, about which there is least that is new to be said. From this form there is to be distinguished the transference resistance, which is of the same character but which makes itself evident in the analysis in other and far more definite ways since it has succeeded in creating a relationship to the analytic situation or to the person of the analyst and in reviving thereby, as if in the flesh, so to speak, a repression which should be merely recalled. That resistance is also an ego-resistance, although of quite a different nature, which emanates from the gain of

illness and is based upon the inclusion of the symptom in the ego. It corresponds to opposition to the renunciation of a gratification or a mode of relief. The fourth variety of resistance, that of the id, we have just now made responsible for the necessity of working through. The fifth type of resistance, that of the superego, the last recognized and the most obscure, but not always the weakest, seems to derive from the sense of guilt or need of punishment; it resists any success and hence also recovery through the analysis (Freud, 1926/1936, p. 106-107), (*Italics in the original*).

The correspondence between a type of resistant behavior and the mental dynamics which cause it has been expanded by many writers who follow in the Freudian tradition, (for example, Strean, 1985).

For Freud, it is not the analyst who is being resisted by the client, but forces within the client which oppose the making conscious of unconscious content. The role of the therapist was to encourage the process of breaking down this opposition. The primary response of the therapist to resistance was to wait it out, and offer a sympathetic mixture of interpretations and support.

Alfred Adler

The so-called resistance is only a lack of courage to return to the useful side of life. This causes the patient to put up a defence against treatment for fear that his relation with the psychologist should force him into some useful activity in which he will be defeated (Ansbacher, & Ansbacher, 1956, p. 338), (*Italics in the original*).

For Adler, neurotic individuals embark on a life-long struggle to compensate for their perceived inferiority by erecting a facade of

compensatory superiority to conceal their sense of worthlessness (Monte, 1980). Initially Adler saw organ defects as the sole cause of this inferiority, but later expanded the idea to include aggressive impulses, the masculine protest, superiority strivings and perfection strivings as factors in the etiology of compensatory superiority.

The goal of therapy for Adler is to remove neurotic self-centered fictions of compensatory superiority and replace them with a social interest in solving the tasks of life (Ibid., 1980). Within the Alderian framework resistance is seen as a safeguarding behavior in the therapeutic context in order to maintain incongruous goals. This happens when the therapist strives for more growth toward social interest while the client is feeling discouraged at the thought of further forward movement (Beames, 1984). Resistance is a sign that growth has ceased.

Overt behaviors signifying this stagnation are listed by Adler as, expressions of doubt, transference, criticism, forgetfulness, tardiness, special requests, relapses, stubborn retention of symptoms, persistent silence, and hearty friendship and peace (Marshall, 1982). A more demonstrative form of resistance is a hostile deprecatory stance directed against the psychotherapist to undermine therapist's influence by concealing the true state of affairs (Ansbacher, & Ansbacher, 1956).

In 1912 Adler advocated dealing with resistance in a direct and confrontational manner. At the same time however, "he also seemed to want to avoid the mobilization of resistance and to prevent the patient from depreciating the therapist" (Marshall, 1982, p. 31). Adler realized that in trying to get the patient to obtain insight that, "every therapeutic cure, and

still more, any awkward attempt to show the patient the truth tears him from the cradle of freedom from responsibility and must therefore reckon with the most vehement resistance" (Ansbacher, & Ansbacher, 1956, p. 27). By 1929 Adler is less confrontational, he writes, "We must never force a patient, but guide him very gently towards the easiest approach to usefulness. If we apply force, he is certain to escape" (Ibid., p. 338).

Karen Horney

"Resistance is a collective term for all the forces within the patient that operate to maintain the status quo" (Horney, 1945, p. 188-189). The ways resistance can be seen or expressed,

may be roughly grouped under three headings: first an open fight against the provoking problem; second, defensive emotional reactions; and third, defensive inhibitions or evasive maneuvers. Different though they are in form, essentially these various expressions merely represent degrees of directness (Horney, 1942, p. 274).

In her theoretical framework Horney saw resistance as the result of any threat to the security of staying the same due to "neurotic trends" established during childhood. These trends represent unconscious strivings adopted by the child in order to cope with a world of disturbed or difficult relationships which are carried over into adulthood (Ibid., 1942). Horney is quite emphatic that it is not the neurotic behavior that the client resists changing but, "those aspects of it which have proved to be of immense subjective value to him and which in his mind hold the promise of future security and gratification" (Ibid., p. 271). The positive subjective value arises because in the past these unconscious coping strategies worked quite well, but in the present their

consequences are neurotic behavior; or what Horney calls alienation from the true self.

In this framework, "the analyst's general task is to help the patient to recognize himself and reorient his life as far as the patient himself deems it necessary" (Ibid., p. 123). One aspect of the therapist's role in this process is to help in resistance.

It was Horney's experience that resistance expressed itself during the technique of free association to varying degrees. "Most resistances can be overlooked, particularly since as a rule one is not too keen to see them" (Ibid., p. 279). However when the resistance is blatantly obvious because of its intensity, the analytic pursuit of the moment is dropped, and the resistance itself is tackled. In helping the client with the resistance Horney has the client free associate about the resistance itself, and if it is deemed beneficial she relates to the client the content of the session prior to the episode of resistance. There is no benefit or help derived from forcing the client to overcome the resistance because,

He is not to blame for the development of the forces behind them, and besides, the neurotic trends that they try to protect have given him a means of dealing with life when all other means have failed. It is more sensible for him to regard the opposing forces as given factors. I am almost inclined to say that he should respect them as a part of himself-respect them not in the sense of giving them approval and indulgence but in the sense of acknowledging them as organic developments. Such an attitude will not only be more just to himself but will also give him a much better basis for dealing with resistances (Ibid., p. 284-285).

In Horney's writing the concept of resistance is often used with the term blockage or blockage of development. As her writings evolved in order to better conceptualize the ambivalent factors in neurotic trends Horney dropped the term resistance and instead used the notion of blockage exclusively (Horney, 1967). She felt that this term better reflected the attitude of the therapeutic context where by helping in resistance the therapist acknowledges that aspects of these behaviors serve protective and homeostatic functions.

Otto Rank

Otto Rank although schooled in the psychoanalytic view departed from Freud's drive theory and developed a psychology of the uniqueness of each individual's capacity for the growth of self and its free expression in the creative will (Menaker, 1989).

Rank (1945) took strong issue with Freud's view of resistance, and believed it was a function of the analyst's resentment of the patient not performing as expected according to Freudian design. Contrary to Freud, Rank believed that "resistance" to the therapist's expectations actually was a sign of progress, self-direction, and a manifestation of the patient's "will". Opposition to the therapist was therefore considered to be a favorable sign and not an interference (Marshall, 1982, p. 30).

For Rank the essential problem of the Freudian perspective was that it confused therapy and theory. "The insoluble conflict in which psychoanalysis itself is caught arises because it wants to be theory and therapy at the same time and this is just as irreconcilable as truth with reality" (Rank, 1936/1978a, p. 44). The aim of therapy should be, "self

development; that is, the person is to develop himself into that which he is and not as in education and even in analytic therapy to be made into a good citizen, who accepts the general ideals without contradiction and has no will of his own" (Ibid., p. 20). According to Rank, "the patient should make himself what he is, should will it and do it himself, without force or justification and without the need to shift the responsibility for it (Ibid., p. 21).

By espousing the client's own unique expression of will as the focus of therapy Rank rejects any theoretical assumptions as to the morality or value of what can be called resistant behaviors. Instead his emphasis is on the dynamic of the relationship between the therapist and the client.

In the consequent battle of ideologies between the therapist and the patient which actually represents a will conflict, resistances are possible on both sides; they must appear on the part of the therapist just as unavoidably as on the side of the patient as long as to [sic] the latter's ideology of illness is opposed [to] a definite ideology of cure. This unavoidable situation may still be utilized therapeutically if the tacit assumption does not persist that the therapist, on the basis of his knowledge (technical education) is in the right and that the patient must be wrong, of which his suffering is the only proof. Experience has taught, however, that as the therapist can only heal in his own way, the patient also can only become well in his own way; that is, whenever and however he wills, which moreover is already clear through his decision to take treatment and often enough also through his ending of it (Rank, 1936/1978b, p. 98-99), (Italics in the original).

In his rejection of psychoanalytic framework Rank sees resistant behaviors as simply an expression of the individual's creative will.

Carl Jung

Jung believed that every human being is; a goal directed enterprise marked by a striving towards equal development of all parts of the psyche. Thus, opposites must coalesce in the individuated person. Each of us must develop not only our rationality, but must accept our irrationality with equal fervor; not only must we strive to adapt our egos to life, but we must recognize the shadow's influence; not only must we venerate what is God-like in ourselves, we must respect what is most base. Failure to recognize the opposite tendency within ourselves can only lead to the feeling of being torn apart (Jung, 1917, p.73; 1957, p.302ff cited in Monte, 1980, p. 300).

To reach this end, the purpose of Jung's analytic psychology was to analyze the symbolic value of dreams and events, and assimilate these values into consciousness. The symbols which emerge during the course of therapy are not arbitrary, but uniquely tailored to direct the conscious reality of the individual as needed at the present time (Jung, 1933).

In my survey of Jung's writing resistance seems to indicate an opposition to the positive compensatory dimension of unconscious symbolization into consciousness;

Long before I met Freud I regarded the unconscious, and dreams, which are its direct exponents, as natural processes to which no arbitrariness can be attributed, and above all no legerdemain. I knew no reason for the assumption that the tricks of consciousness can be extended to the

natural processes of the unconscious. On the contrary daily experience taught me what intense resistance the unconscious opposes to the tendencies of the conscious mind (Jung, 1965, p. 162).

As the unconscious resists the tricks of consciousness to oppose its helpful straight-forward compensatory role resistance defines whatever can be construed as an obstacle to the natural role of the unconscious. Jung sees these obstacles emerging from a number of different sources. These include the psychotherapeutic relationship and the theoretical bias of the therapist: Mistrust on either side is a bad beginning, and so is the forcible breaking down of resistance through persuasion or other coercive measures. Even conscious suggestions on the part of the analyst is a mistake because the patient's feeling of being free to make up his own mind must at all costs be preserved. Whenever I discover the slightest trace of mistrust or resistance I try to take it with the utmost seriousness so as to give the patient a chance to re-establish the contact (Jung, 1981, p. 98).

Of course, if you begin the analysis with a fixed belief in some theory which purports to know all about the nature of neurosis, you apparently make your task very much easier; but you are nevertheless in danger of riding roughshod over the real psychology of your patient and disregarding his individuality. I have seen any number of cases where the cure was hindered by theoretical considerations (Ibid., p. 97).

In Jung's view resistance can be created by the therapist either because of a lack of rapport, contact, or biasing theoretical considerations. The client can in addition resist the symbolic messages of the unconscious directed to

compensate for neglected aspects of the psyche, because the message if understood would indicate a feared radical change.

I never force the issue if a patient is unwilling to go the way that has been revealed to him and take the consequences. I do not subscribe to the facile assumption that the patient is blocked merely by ordinary resistance. Resistances- especially when they are stubborn- merit attention, for they often are warnings which must not be overlooked. The cure may be a poison that not everyone can take, or an operation which, when it is contraindicated, can prove fatal (Jung, 1965, p. 141).

The interactions between the client and therapist, or the client and their own symbolic content can all give rise to descriptions of resistance unique to each therapeutic situation. "What counts, after all, is not whether a theory is corroborated, but whether the patient grasps himself as an individual. This however, is not possible without reference to the collective views, concerning which the doctor ought to be informed" (Ibid., p. 132). Every individual grows toward reconciliation of their opposites in a unique way particular to their history, level of education etc. Where a therapist can be particularly helpful for the client is their understanding of universal collective views, symbolic representations, myths, fables, rituals, archetypes. These symbolic universals all form a transcendent structure which provides information oriented to achieving a more balanced view of the present situation. The therapist interprets the universal function of the symbols and relates them to the client who tries to find the unique meaning these symbols have for them. Resistance in the Jungian view occurs when this process is thwarted.

Gestalt Psychotherapy

"As action, contact, choice, and authenticity characterize health in gestalt therapy, so stasis, resistance, rigidity, and control, often with anxiety, characterize the state called "dis-ease" (Van De Riet, Korb, & Gorrell, 1980, p. 60). The goal of gestalt therapy is to bring the person to wholeness or personal congruence in the here and now; thus resistance is viewed as an isolated part of an individual which needs to be intergrated (Perls, 1975). The client is not blamed for their resistance (Perls, 1973), and "instead of analysing resistance gestalt therapists assert that the patient needs his resistance- but as a conscious option, rather than an unconscious compulsion" (Appelbaum, 1982, cited in Marshall, 1982, p. 32). In the gestalt framework resistance is seen as a part of the personality which manages in a difficult world.

Resistance is great because the patient has been conditioned to manipulate his environment for support. He does this by acting helpless and stupid; he wheedles, bribes and flatters. He is not infantile, but plays an infantile and dependant role expecting to control the situation by submissive behavior. He also plays the role of infantile adult. It is difficult for him to realize the difference between mature behavior and playing an adult. With maturation the patient is increasingly able to mobilize spontaneously his own resources in order to deal with the environment (Perls, 1975, p. 76).

Four types of resistant interactions are acknowledged in gestalt therapy, "that an individual may use to deny personal experience and prevent healthy interaction with both self and the environment (Van De Reit, et al., 1980, p.

65). These are:

- (a) Projection- parts of the self are disowned and ascribed to the environment.
- (b) Introjection- the individual accepts a fallacious world view from the environment.
- (c) Retroflection- the individual does to himself what he originally tried to do to other persons or objects.
- (d) Confluence- the individual does not experience him- or herself as distinct from the environment (Ibid., p. 65).

Gestaltists do not consider these resistant patterns as something to be overcome, but rather accepted. Resistance is an aspect of the personality that needs to be intergrated and made one's own. The gestalt method to achieve this intergration is to encourage clients into a more intense and full expression of their resistant interactions. Magnification of style allows re-intergration of this aspect into the totality of the person so that the individual may come to a complete awareness of personal experience regardless of content.

Joseph Wolpe

Joseph Wolpe has published extensively on a behavioral approach to producing change in the context of therapy (Wolpe, 1973; 1976). He is distinguishable from other theorists in his use of a therapeutic procedure called reciprocal inhibition because, "there are grounds for believing that virtually all therapeutic changes (no matter how brought about), and perhaps all learning involve reciprocal inhibition" (Wolpe, 1976, p. 3).

The ground Wolpe is referring to is the second chapter of his book,

Theme and variations, a behavior therapy casebook (1976), in which he shows how reciprocal inhibition was derived from the results of animal studies within the conceptual tradition of Pavlov and Sherrington. The principle of reciprocal inhibition as used in psychotherapy is that: "an anxiety response habit can be weakened by evoking a response incompatible with anxiety in the presence of the anxiety-evoking stimulus" (Ibid., p. 17), (*Italics in the original*). These unadaptive habits can reside in, "one or any combination of the three major subdivisions of nervous system activity- autonomic, cognitive, and motor" (Ibid., p. 11).

The major framework which describes reciprocal inhibition is that of systematic desentization. This is done by first conducting a behavior analysis where,

The therapist traces the history of each unadaptive reaction from its onset, through its vicissitudes, up to the present time, exploring in especial depth the stimulus situations that currently control it. He then goes into the patient's background- his childhood relations, his educational experiences, and his love life from his earliest recollections onward. Finally, he asks the patient to answer several questionnaires- The Willoughby Neuroticism Schedule, the Berureuter Self-Sufficiency Questionnaire, and the Fear Survey Schedule (Wolpe and Lang, 1969). The last named reveals sources of unadaptive anxiety unlikely to emerge even from careful questioning (Ibid., p. 19).

With this information gathered a hierarchy of the anxiety provoking situations is arranged from the least to most anxiety provoking. Then the client is trained to achieve a state of deep relaxation. The therapist then

proceeds through the hierarchy with the least anxiety provoking component on upward, stopping the cycle and repeating it when the relaxed client signals the onset of anxiety. When the client can visualize the most anxiety provoking situation while remaining relaxed reciprocal inhibition is said to have taken place and the conditioned anxiety response habits broken. At this point therapy can shift to the conditioning of new habits.

Wolpe does not define what resistance means in the context of reciprocal inhibition. Perhaps, this is because, as I see the procedure, it is globally a highly structured and controlled resistant interaction. Anxiety provoking thoughts are induced in a controlled way which is resisted by the incompatibility of those anxieties to a relaxed state.

The behavior therapy formulated by Wolpe is the description of a controlled resistant interaction where the maladaptive habit takes place in a context where the usual response accompanying the habit is opposed by the occurrence of another response which contradicts the habitual response. The major assumption of this approach is that the context in which reciprocal inhibition takes place will generalize to other contexts.

Albert Ellis

Albert Ellis, creator of rational-emotive therapy (RET) has written extensively on the topic of resistance. His 1985 book Overcoming Resistance adopts a borrowed definition of resistance as its starting point. "Resistance is client behavior that the therapist labels antitherapeutic" (Turkat, & Meyer, 1982, cited in Ellis, 1985, p. 6). The therapeutic aim of RET is:

to leave the client, at the end of the psychotherapeutic process, with a minimum of anxiety (or self-blame) and of hostility (or blame of others

and the world around him); and just as importantly, to give him a method of self-observation and self-assessment that will ensure that for the rest of his life, he will continue to be minimally anxious and hostile (Ellis, 1973, p. 43).

To achieve this state individuals undergoing therapy must abandon their disturbing irrational beliefs (iBs) they hold about themselves and the world. To reach this goal the therapist needs to dispute, contradict and challenge iBs which lie behind client resistance (Ellis, 1985).

Ellis does not posit a dogmatic causal link between how individuals iBs lead to their resistant behaviors. Instead it is assumed that clients because, "of their biological tendencies, social learning, and own negative practice and self-reinforcement, naturally and easily resist acknowledging disturbance, going for therapy, and fully working at benefitting from therapy" (Ibid., p. 195). He does however say in an interview;

Rational-emotive therapists are not attacking them. (the client), but attacking their ideas about themselves, which are the cause of their resistance.

And, if we're successful, as we fairly quickly often are, in getting them not to damn themselves for anything, then their resistance tends to minimize or vanish. And, they rarely construe our attack on their self-defeating philosophies as an attack on them. If they did, we'd show them the error of that interpretation and teach them the elements of self-forgiveness (Morris, & Kanitz, 1975, p. 45), (*Italics in the original*).

Given that resistant behavior cannot be linked to any single particular set of iBs Ellis maintains that there is no real surety as to how to deal with it.

However, he does claim that some clients may resist giving up their iBs because they provide payoffs and act as defenses due to a, "low frustration tolerance: their stubborn refusal to go through immediate pain to get future gain. Their main payoff is instant comfort, which undramatically and insidiously prevents them from working at therapy and surrendering their disturbances" (Ellis, 1980, p. 11). In order to deal with resistance he proposes a number of techniques ranging from flooding, thought stopping, to hypnosis. These techniques, derived from a number of other psychological approaches, are to be creatively and persistently applied in order overcome the resistance and reveal the underlying iBs.

Clients can at times express "healthy" resistance in the RET model. This is a circumstance where resistant behaviors can be linked to rational beliefs operating on encountering the iBs of another or an irrational context. Further Ellis also points out that resistance to change in therapy can be due to either client or therapist iBs or iBs which emerge in the therapeutic relationship. These iBs introduced by the therapist can produce resistance to therapeutic change on the part of the client (Ellis, 1985).

RET represents a "welding" of several psychological theories with ancient and modern philosophies. The "why" of disturbances are the iBs that the individual maintains. These iBs in turn lead to resistant behaviors which are used by the individual in order to avoid dealing with the iBs in the course of RET.

Robert Langs

Although accepting classic psychoanalytic definitions of neurosis and their treatments Langs was dissatisfied with the Freudian view that resistance

was exclusively due to intrapsychic forces within the client manifested in transference or client behaviors (1980a; 1980b). Instead he believed that therapy was a never-ending interplay between the interactional factors and intrapsychic needs on the part of both therapist and client. In order to deal with resistance the primary role of the therapist was to, "to think of all resistances as interactional resistances and then to sort out contributions from the patient and the therapist" (Langs, 1980a, p. 508).

By adopting a communicative approach, resistances as they occurred in the therapist-client interaction could be sorted out as to whether certain behaviors served an adaptive function in the neurotic context for the client brought about not by transference, but by the remarks of the therapist. Therefore to deal with resistance, "a more accurate approach would acknowledge, rectify and interpret the analyst's contributions to the patient's resistance and allow subsequent material to reveal other distortions" (Ibid p. 490). When therapists corrected for their contributions to resistance, "a remarkably high number of (patient) resistances disappear in this way entirely without active intervention" (Ibid., p. 567).

For Langs the problem of classical psychoanalytic definitions of resistance is that,

It is usually based on the therapist's feeling and his inner state, as well as, evaluations of the patient's material. Such an assessment is under the influence of inputs from both the patient and the therapist and while it constitutes a decision of the latter, it is nonetheless a product of a bipersonal field (Langs, 1980b, p. 20).

It is the subjective sense of the therapist and how the behavior and

spoken remarks of the client are organized which determines what the therapist identifies as resistance. Langs stresses the importance of an initial interview to properly assess both relational and neurotic sources of resistance. He is also clear that there is a tremendous range in the competency of individual therapists to make this assessment properly.

Carl Rogers

The client-centered therapy of Carl Rogers is usually classified as belonging to the humanistic approach to psychotherapy. A basic underlying assumption of both the humanistic and Rogerian approach is that there is an actualizing tendency present in the human organism, which is, "a tendency to grow, to develop, to realize its full potential" (Rogers, 1986, cited in Kahn, 1989, p. 214).

The essential conflict for the individual is that participation in the self-actualizing tendency is not permitted because of "conditions of worth". These are situations where certain experiences of the person are disapproved of by others, such as parents, and this disapproved of experience becomes inaccessible to the self- they are either denied or distorted in awareness (Rogers, 1959). This denial allows a continued relationship with those who extend "conditional love", but at the cost of anxiety and incongruence in the individual. "Thus incongruence is associated with the defensive denial or distortion of organismic experiences" (Kahn, 1989, p. 215).

The Rogerian approach has no room for the concept of resistance. An individual's denial or distortion is not addressed, interpreted, or overcome. Instead the aim of therapy is for the self-actualizing tendency to become operational for the client due to the behavior of the therapist and the

therapeutic context provided. In therapy the client has permission to be oneself, and consequently comes to realize more of one's own potential (Rogers, 1961).

Obtaining a focus on life as it is lived now is the goal of therapy, thus, "Roger's model derives from a phenomenological field approach that tends to be ahistorical and does not subscribe to the deterministic genetic and energy concepts of psychoanalysis" (Marshall, 1982, p. 32). The unconditional positive regard extended by the therapist effectively precludes by design the expression of resistant behaviors. Therapy is directed to bring the client into congruence with their own self-actualizing tendency.

Systemic Family Therapy

A systemic approach to "problems" considers them best dealt with in the context of the family and the associated members of the "helping" professions who are involved in the problem. One of chief proponents of this approach were the Milan Associates (Palazzoli, Selvini, Boscolo, Cecchin, & Prata, 1978). From their perspective the family is considered as a constantly evolving system. Problems occur when the family's old epistemology does not fit its current pattern of behaviors (Tomm, 1984). The family can no longer adequately know the origins of their problem and therefore cannot understand how their present actions create a problematic system.

In the Milan approach the therapeutic team does not strive to overtly change the family or identify a therapeutic goal, but instead tries to foster an alternative epistemology based on information about the relational organization of the system. The objective is not to collect data or labels which can be ascribed to each of the individuals in the system. Instead, by using the

techniques of hypothesizing, circularity, and neutrality the therapeutic team acts to inform the entire system of differences in how the members of the system relate to each other relative to their individual descriptions (Palazzoli Selvini, Boscolo, Cecchin, & Prata, 1980; Penn, 1982). "If a consultant asks, 'Who agrees most with grandmother that this is a problem'? A relationship between that person (the agreeer) and the grandmother is being defined by the question" (Boscolo, Cecchin, Hoffman & Penn, 1987, p. 96). Here data is considered a compilation of facts that do not describe a relationship. The statements of the family are not considered as factual data which can be evaluated, but only as a means for the therapeutic team to elicit statements of difference from the family which at the same time introduces statements of relational differences back into the family system.

When an observation is made by a therapist or family member of a behavior that is labeled as "resistant" it is recursively re-introduced into the family in a relational context. "Tim who do you think between your mother and father is less resistant to changing their behavior"? Circular questions such as these provide the family with information of possible differences on which to base a systemic change.

The primary technique by which the therapist avoids factual descriptions of resistant behavior is through neutrality which the Milan associates consider a fundamental ideology.

Our ideology has been to see everything as messages, as communication. Neutrality allows us to get away from the tendency of the system to always make definitions and give labels that define someone as good, bad, sick, healthy, grown up, not grown up, intelligent, [resistant], et cetera.

Neutrality is the ability to see in a systemic manner, the whole thing.

Neutrality means to get rid of the verb to be (Ibid., p. 151).

From the perspective granted by neutrality a therapist cannot claim from any theoretical orientation or value system to say what resistance is and consequently is unable to formulate any procedure to deal with it once identified by an observer. It is possible however to inform the family of relational differences which exist between the objective "thing" called resistance and individual family members. Such information according to the adherents of the Milan approach can unsettle a problematic system and shift it into an alternative mode of organization. The occurrence of whatever is called resistance plays no more of a significant role than any other term or label which could be identified by an observer.

Structural Family Therapy

As the name implies structural family therapy is a type of orientation in which psychological problems are due to a dysfunctional structural relationship between family members. Authors I consider adherents of this approach are Haley, (1976, 1980), Madanes (1981), and Minuchin, (1967, 1974). "The theoretical foundation of this model of family therapy rests on the belief that, "the whole and the parts can be properly explained only in terms of the relations that exist between the parts" (Lanes, 1970, cited in Aponte, & VanDeursen, 1981, p. 311), (*Italics in the original*).

In structural family therapy, dysfunction is seen in terms of rigid, homeostatic transactions that must be broken. In terms of general systems theory, a family's resistance to change is negative feedback and is seen as an attempt to maintain the family's status quo (e.g., a

daughter's asthma keeps mother and father together) (Piercy, & Sprenkle, 1986, p. 28).

To elaborate on the previous example the mechanism of negative feedback allows the dysfunctions on the part of the daughter to create a dysfunctional whole which is inappropriate in its context but allows the system to remain intact and stable. The goal for a structurally oriented therapist is to reorganize the structure away from the status quo to a structure more appropriate to the present developmental context of the family.

The resistance presented by the family provides information which can be used to identify its dysfunctional structure. Typically the structure itself is described in terms of weak generational boundaries, enmeshment, or triangulation.

With the dysfunctional structure identified the therapist can provide interventions, usually within the session, which will shift the family system towards more appropriate functioning. Maneuvers of this sort become clear when one considers how Munichin reorganizes the physical seating arrangements of the family. For example he may sit next to the over-involved mother and seat the children next to the under-involved father.

The perspective of structuralism approaches all human phenomena with the intent of identifying the "codes" that regulate human relationships (Aponte & VanDeusen, 1981). As such resistance, as it is defined here, is a regulatory bit of information seen by the therapist which provides access to the dysfunctional homeostatic stability of the family unit in their present context.

George Kelly

George Kelly in his theory of personal constructs maintains that human beings desire to know or control the world of their experience in order to anticipate events (Monte, 1980). Each individual therefore constructs events of the past in order to predict present and future events. Problems emerge when this capacity does not work, or falls below an optimum level. In order to increase optimum capacity the individual must, in Kelly's terms "loosen" their personal constructs and then "tighten" them in some alternative form.

The aim of Kelly's approach is to make explicit the client's constructs and together with the therapist use the client's capacity to achieve an alternative construction.

We take the stand that there are always some alternative constructions available to choose among in dealing with the world. No one needs to paint himself into a corner; no one needs to be completely hemmed in by circumstances; no one needs to be a victim of his biography (Kelly, 1963, p. 15).

Kelly saw the individual as engaged in a continual active process in order to control and predict events. It does not matter, in his view, what the objective truth of past events is, what matters is the individual's construction of past events which will dominate his or her life. In this context;

"Resistance" is not a term for which we reserve any special definition. Since we do not employ a defensive theory of human motivation, the term does not have the important meaning it must necessarily assume for the psychoanalysts. Instead, we recognize necessary limitations in various person's construct systems. We recognize threat and anxiety.

But we do not see "resistance" as a special type of process designed to defend the person against anxiety. When we use the term, as we have in our discussion of the difficulties in loosening and tightening, we employ it in a literary or common sense, rather than in an intradisciplinary sense (Kelly, 1955, p. 1101).

In the framework of this theory resistance can be identified as the behavior of a client who is reluctant to "loosen" their system of constructs in order to better anticipate events. When the therapist applies the techniques of personal construct theory to produce change by loosening a client's construction the therapist may encounter difficulty.

We do not see the so-called "resistance" phenomena as perverse acts on the part of the client, even though the therapist perceives them as obstacles in the way of therapeutic progress. We see them rather, in terms of our theoretical assumptions, as an expression of the client's continuing pursuit of an optimally predictive system. We also see these phenomena as being of a variety of sorts. Most of them have to do with avoidance of loosening and an incipient movement away from dependency upon one person; and some do not represent any particular movement at all, but, rather, the lack of a congenial common structure for dealing with the therapist and his interpretations (Ibid., p. 1050).

Kelly saw that it is also possible to create resistance in the client by an imprudent use of reassurance and interpretation by the therapist,

When a client launches into a tirade, he may be considered as conducting an experiment with a form of behavior. Now the experiment may be one which he has repeated ad nauseam, but that does not mean that he is

anticipating exactly the same results he has been accustomed to getting. The therapist, in reassuring the client, or even in agreeing with him, may discourage the client's hopes that there can ever be any new outcomes of his experiment or that there are any alternative ways of construing his situation (Ibid., p. 654).

The unreflective use of reassurance, or premature interpretations on the therapist's part may threaten the client who is already trying to find an alternative structure by which to anticipate events. Resistance can therefore be generated by therapist statements like, "problems like this one are often complicated" or "don't worry about it". Statements such as these can be seen by the client as attempts to limit or thwart the change process already begun thus leading to an experience of resistance on the therapist's part because the client wants to change while the therapist wants to control the change that occurs.

In personal construct theory resistance has two expressions: the threat the client perceives in letting go of a construct system which is no longer working properly and the threat the therapist perceives in letting the client change in an uncontrolled manner. In the tension between these two expressions of resistance the therapist and client are drawn into a collaborative effort to deal with the problem. The nature of this collaboration is reflected in Kelly's technique of fixed role therapy in which the client and the therapist mutually sketch out an alternative construction or way of being for the client. The therapist says, in effect, to the client: "Here is another way of construing yourself. Pretend for two weeks or so that you are this person. See what happens" (Monte, 1980, p. 445).

Milton Erickson

Erickson defined resistance as, "an unconscious measure of testing the hypnotist's willingness to meet them halfway instead of trying to force them to act entirely in accord with his ideas" (Erickson, 1967, cited in Marshall, 1982, p. 37). He therefore interprets resistance not as resistance per se but, "as an expression of actual willingness to cooperate in a way fitting to her (the patient's needs) (Ibid., p. 36).

A basic assumption of the Ericksonian approach is that, Each person is a unique individual. Hence psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior (Erickson, 1979, cited in Zalaquett, 1988, p. 208). Meeting or formulating a therapeutic approach in this framework requires that the therapist fit into the client's world, use of language, and personal history. Thus Erickson,

did not see any aspects of his client's reality as positive or negative; rather he maintained that each therapy must work to guide the client in such a way that he finds his own solution and makes use of each of his parts in his own manner. This requires the understanding of the individual and each of his parts, developing them, and achieving new and better forms of expression, so that the therapist can successfully help to satisfy all the client's needs (Ibid., p. 209).

Here, client resistance is only one part of the individual that is to be understood and utilized to gain cooperation in meeting the client's needs. Resistant behavior on the part of the client,

should be respected rather than regarded as an active and deliberate or even unconscious intention to oppose the therapist. Such resistance should be openly accepted, in fact graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses (Erickson, 1964, cited in Marshall, 1982, p. 37).

Erickson developed a number of techniques for utilizing the patient's own attitudes which, "becomes a basic approach for circumventing what most other therapist's term, resistance" (Erickson, 1980, p. 147). Among these techniques are the methods of hypnosis and trance work which give the client a great deal of content from which salient points can be selected. Resistant behaviors can also be enhanced, mirrored or matched by the therapist. It is also possible to employ a confusion technique which,

alters the situation from a contest between two people and transforms it into a therapeutic situation in which there is joint cooperation and participation in the mutual task of centering properly about the patient's welfare and not about a contest between individuals, an item clinically to be avoided in favor of the therapeutic goal (Erickson, 1980, p. 288).

Resistance in the Ericksonian view is a unique expression of a part of the individual. It is not valuated but is seen as an opportunity for the therapist to participate in reaching the patients own solution to their problems.

Resistance in the Context of Therapy

The psychotherapies presented in this chapter serve to illustrate the prevalence of resistance as a factor in the realization of therapeutic change. Viewed collectively there is a common experiential aspect to all of the

definitions considered. As in everyday use a resistant interaction occurs where what can reasonably be expected is opposed. No one needs a theory to describe what this experience feels like. Yet, what sets psychological definitions of resistance apart is that they occur in a context oriented to producing psychological change. The theorists who formulated the definitions assembled needed to know what this experience "meant" in relationship to obtaining effective change. Seeking meaning one must first attribute the source of an experience, and provide an explanation why a particular form of attribution is justified. This represents a step towards obtaining knowledge of why resistance occurs. It is this step which is explored in chapter three.

CHAPTER 3: PATTERNS OF ATTRIBUTION AND VALUE FOR RESISTANCE

In this chapter each definition of resistance is re-examined specifically to explore its attribution and value relative to the realization of effective change for the client. What emerges are two alternative explanatory forms. Some definitions denote resistance as a function which exists independently of attribution itself, and impacts negatively on bringing about effective change. Other definitions view resistance as connoting a dynamic presently defining a relationship of some sort as experienced by the therapist. The concluding section of this chapter abstracts similarities among theories as to the process of development seen as operational, which logically warrants the attribution that is made.

Client Located; Impediment to Change

Freud believed that an experience of resistance in therapy can be attributed to the client. This is because in the ontological or psychic development of the individual certain domains are formed which relate to each other in a stable manner. The client defends the separation of parts in their independent function. Resistance is negatively valued but not unexpected. The therapeutic response is to work through the resistance in order to gain access to the problematical part and change its function.

Adler also attributed an experience of resistance to the client. This is because the client defends a facade of compensatory superiority to conceal perceived inferiority. Resistance is negatively valued as a sign that growth has ceased. The therapeutic response is to get the client to acknowledge the facade and grow towards social usefulness.

Horney attributed resistance to the client as a force that maintains the status quo. Resistance is an organic factor of development in dealing with environmental pressures of the past. The response of the therapist is to respect the adaptive value of resistance, and to concentrate on those content areas more available to therapeutic exploration.

Resistance is defined as a dynamic either internal to the client or transferred into the therapeutic relationship by the client according to Jung. It is characterized as any activity which prohibits the integration of psychic components. Resistance is negatively valued, but respected as reflecting a stage in individual development. The therapeutic response is to explore various symbolic representations and their meaning for the unique individual.

In Gestalt psychotherapy resistance refers to a part of the person's personality. This is because the individual is unaware of the fragmentation of the personality and resistance is a way of thwarting this awareness. Resistance is negatively valued as long as the client denies its existence as a choice. The response of the therapist is to challenge the client that resistance is an unreflective consequence of one's own activity.

For Joseph Wolpe resistance is in the client. It reflects the stability of S-R relations that the client forms as a result of conditioning. Resistance to change this stability is the focus of therapy. The response of the therapist is to change these relations in successive stages beginning with the least anxiety producing to the most anxiety producing.

Resistance is in the client according to Albert Ellis. It represents the client's adherence to irrational beliefs that subsequently generate problems.

Resistance is negatively valued and must be overcome to reveal the fallacy of irrational beliefs. Positive resistance is possible if the client or therapist defends a rational belief. The therapeutic response is to work through the resistant behavior and reveal the actual content of the irrational belief.

For Carl Rogers resistance is located in the client. This is because the client has fragmented into true and false selves as a condition of survival in the world, and remains aware of this fragmentation only through anxiety and stress. Resistance is negatively valued and avoided by the therapist. What matters is the creation of a therapeutic relationship where the client can operate from the dimension of a true self. The therapist extends unconditional positive regard towards the client which precludes resistant interactions from occurring.

Client Located; Reflection of Individuality

An experience of resistance, for Otto Rank, is a consequence of the relationship between client and therapist. It reflects a dynamic of the individual's "will" in the context of relationship. Resistance is positively valued as a sign of the client's personal capacity for self-definition. The response of the therapist is to encourage the client's ability and potential strength to self-assert and take responsibility for one's own identity.

Relationship Located; Impediment to Change

For Robert Langs resistance exists both in the client and the interpersonal relationship. With his acknowledgement of both intrapsychic and interactional dynamic at work the job of the therapist is to distinguish among them. The response of the therapist in the initial stages of therapy is to sort out and be clear about what constitutes the content of each sort of resistance.

System Located; Maintains Stability

According to the proponents of System's therapy resistance describes a dynamic of the problematical situation. It represents one of a number of ways that a situation can be viewed. Resistance is neutral in its value and can serve as a means of introducing news of a difference among family members as to how the situation can be acted upon. The response of the therapist is to generate alternative possibilities the family can use to define the problem.

The same holds for Strategic therapy. Resistance defines the homostatic stability of the relations among family members to keep the family stable. It is this stability which maintains the problem. The therapeutic response is to intervene through various techniques to change the structural state through the manipulation of its parts.

Relationship Located; Opportunity for Change

For George Kelly resistance reflects the limits of a personal construct theory to predict and control events. The individual is continually engaged in maintaining an optimum predictive system. Resistance is the threat perceived in letting go of this system. The response of the therapist is to enter into a collaborative effort with the client to determine an alternative construct system. Resistance is seen as the means available for the client to maintain personal integrity in the face of someone else, (the therapist) trying to take control.

For Milton Erickson resistance matters as a dynamic in the client/therapist relationship. This infers that the competing ideas of both therapist and client tend to negate each other. Resistance, represents an opportunity to act differently and consequently change the dynamic of the

relationship. The therapeutic response is to act on the basis of choice to change the nature of the therapist/client relationship so that joint cooperation is established.

The Logic of Attribution and Value

Of the attributions possible two patterns of development emerge that justify an attribution of a particular sort as valid. Each explanatory pattern takes a distinctive approach to human or problem development in order to justify the particular form of attribution made.

Theories who denote resistance as representing the separate and independant functioning of the family, or individual, justify this attribution as valid because it comes into existence in a manner analogous to embryonic development. The undifferentiated zygote fragments into separate cellular lineages (parts) each having a functional relationship to the overall whole. This process is linear, sequential, and irreversible. Consequently once the inter-relations among parts becomes fixed the overall whole will invariably function in a specific way. A physical analogy of development is held as valid in this psychological domain. The assumption is made that through circumstance, organic development, or certain events, human beings evolve towards the organization of their experience into discrete bounded domains. These separate and different domains by their function or role are oriented towards the stable adaptive function of the whole, either the self or family. Problems occur when a specific domain is formed or a specific domain has a certain content the product of which has negative consequences. The goal of therapy in this framework is to effectively change a maladaptive part into an adaptive one thereby changing the overall functional state.

Resistance denotes a defensive response to keep the content of a problematical aspect stable by its exclusion from the context of therapy, or other aspects of the self. This defensive response is interpreted as an obstacle to therapy when the goal is to alter or change the role of a specific part which is at the root of the problem. The client has no choice but to resist in this therapeutic approach because the stability between parts allows the integrity of the whole to remain intact and survive. However, this stability sometimes has a problematic cost. This cost is measured in terms of stress, anxiety, or maladaptive behavior. The therapist working with a definition of this form has two options: either work through the resistance itself, or go around it in order to deal with a specific cause of the problem.

The invariant evolution and differentiation of the parts which determine present functioning allow therapists using this perspective to introduce the terminology of the resistant client. A label of this sort implies the invariance associated with objects which once evolved to define themselves independent of their own evolutionary history. This stability or closure in its independence is ahistorical once established and remains localized within its own context, (the bounded domain of the self/family), regardless of any broader context the family or individual may participate in, including of course, therapy.

The second pattern of attribution assumes that an experience of resistance connotes or suggests a way of relating between two beings from an array of possible ways of relating. Resistance defines a type of relationship that makes an experience meaningful. The aim of therapy in this perspective is to find alternative ways of relating to the meaning our activity generates.

When a therapist experiences resistance it suggests that a quality of relationship is occurring. Perhaps this is because there is a difference in styles, theoretical orientations, or personalities among the participants in therapy. The therapeutic response, if chosen, to resolve this experience is for the therapist to move and adopt another point of view, perhaps the point of view of the client. Resistance provides an opening to understand and move towards an alternative way of relating to the problem.

A client may believe that there is no choice as to what a certain experience means. One therapeutic response to this belief is to provide alternative possibilities as the meaning of an experience. Another response is to give the client the opportunity to experience one's own capacity to generate alternative ways a problem may be defined. Here, the therapist's role is to set the stage for, or act as a guide in this process. The therapist respects the client's way of relating to the problem, as long as the client acknowledges a personal dimension of choice and responsibility for the way reality is defined.

Moving Beneath the Surface

It may appear that the foregoing analysis provides sufficient evidence to adequately explain the meaning and reality of resistance. Each theory considered provides an explanatory how and why for an experience of resistance. One begins to move beneath the surface of theoretical conjecture by asking how and why a theoretical form itself emerges. Asking this question shifts the focus of this exploration. What will become clear is that there is a logical consistency between an explanation of what resistance means, and the more global activities of individuals who create theory.

CHAPTER 4: EPISTEMOLOGICAL APPROACHES TO PSYCHOTHERAPY

Introduction

The two previous chapters have demonstrated differences in the theoretical definition of resistance. What emerges are two alternative patterns of explanation and attribution. These alternative patterns raise the paradox that the same experience can be defined in different ways. While a theory can provide answers as to how an experience is to be attributed, and a logical form as to why that attribution is valid, the question remains as to how and why we know this to be a warranted form of knowledge.

Asking how we know we know a definition is valid focuses attention on the distinctive activities and assumptions which bring definitions forth. This shift in emphasis introduces the epistemological question. Explored in this chapter are the epistemological roots of, "how knowing is done" (Bateson, & Bateson, 1987, p. 20), (*Italics in the original*). It may come as no surprise that the alternative definitions of resistance possible have their origin in alternative epistemological ways of proceeding. What quickly becomes evident is the homologous or formal relationship between an epistemological approach, and not only how resistance is defined, but the entire theoretical framework of which that definition is a part. These alternative epistemological approaches I identify as either structure or process oriented in the activities which bring them forth.

What distinguishes the activity of an individual theorist between these two approaches is what is considered of primary importance: proving that the stabilities and changes our activities generate is predetermined by a

structure of some sort, (a structured point of view), or the changes or stabilities we experience are a consequence of our choices, (a process point of view). It is therefore evident that a structured way of proceeding is a particular subset of a process orientation. Adherence to principles, rules, axioms, formulas, or reasons which define a structural form as invariant in its existence is a type of choice: the negation of choice. Emphasis in the process orientation on choice in its widest expression leads to childlike statements of, "because I say so", or a simple "yes" or "no" to identify the choices which govern our behavior.

I will consider each of these approaches separately throughout this chapter. My mode of operation is to begin from the ground up. I will assume the point of view of each approach as a way of explaining experience. I will draw from my own experience of therapy, and the content of the theories previously presented.

A Structured Approach to Psychotherapy

The organizational principle of a structured approach is to posit the existence of a stable relationship of some sort between separate things or events that determine the occurrence and meaning of various experiences. Viewed collectively this configuration of separate things and relations defines a structure. By assuming that a structure pre-exists the activity which brought it forth an individual utilizing the structured approach must prove this to be the case.

This assumption transferred into the psychological domain dictates that an independant explanatory order underlies the bustle and complexity of human behavior. To verify this assumption means that an individual's

certainties, truths or knowledge are consequences of the objective framework which determines them. Therefore, it is the objective nature of the structure in itself that determines meaning rather than our own doing which determines the meaning. In a structural orientation the knower and the known exist independently of each other. When something happens it is the "something" which determines its meaning or consequences in our behavior and not our response or relationship to "something" which determines its meaning.

There is a complex constellation of reasons and hopes which can lead us to believe this assumption to be the case. It seems quite obvious that we all exist as separate beings. Consequently, other people exist independantly, (objectively separate), of my own existence. In the domain of psychotherapy it is no small irony that no one comes, (or is sent) to therapy without a problem. If the person knew the cause of the problem or a solution to it therapy would not be necessary. There is an assumption that the therapist can provide answers. Through the existence of language it is possible to formulate, quite easily, statements which represent objective dimensions of the another's existence. These factors (and possibly others) can lead an individual who is, ostensibly trying to help, to assume the validity of an objective explanatory basis for the reality of another.

From these starting points it is possible to see how experiences can be intergrated to formulate an explanation for what is objectively going on. The integration of ideas, creates a structure which relates many different experiences together. This activity of making sense of my experiences within a framework of ideas is the basis for the development of a model or theory.

The word theory has a Greek root "theoria" which means a way of looking, like a theatre of the mind. In drama all sorts of things happen. They are not real, but give insight into a real situation. In a sense, a theory is like that, a set of abstractions in the mind which you can play with (Bohm, 1984, p. 9).

The word "theory" has religious origins. The theoros was the representative sent by Greek cities to public celebrations. Through theoria, that is through looking on, he abandoned himself to the sacred events. In philosophical language, theoria was transformed to contemplation of the cosmos (Habermas, 1968/1971, p. 301), (*Italics in the original*).

These quotes serve to illustrate that originally the act of integrating ideas, developing a theory was a way of "looking on", "contemplating", or playing with experiences in various ways in order to obtain insight and understanding. With this activity the individual creates an order which at the same time abstracts insight and meaning that the order provides. Consequently the meaning, value and significance of what is experienced shifts in accordance with how it is observed (ordered). We can never observe the whole but only abstract those aspects that our way of looking determine as meaningful. The aspects we choose as relevant to structure a situation are those that determine some kind of correspondence in relationship to our activity and observation to bring forth different consequences. Confirmation of the effectiveness of this correspondence is the recognition of both a theory's relevance and utility.

I think it is fair to say that Freud, like many of the theorists considered,

engaged in theoretical activity with these two simultaneous hopes. On one hand he was seeking a model or theory that could effectively deal with the problematical symptoms of the individual. On the other hand he hoped that because of his model's effectiveness it would prove to be a valid and objective insight into the psychological reality of human beings.

Many interpreters of Freud hold him personally responsible for bringing psychology into the domain of the natural sciences, where the objective nature of the psyche can supposedly be demonstrated (Harris, 1988). I feel this view is in some sense appropriate because I think Freud wanted to formulate his theory in a way so that it would be accepted as valid by the scientific and academic community of which he was a part. His choice to explain himself in this manner dictated that all of his knowledge had to objectively prove itself through a, "sense certainty" of systematic observation that secures intersubjectivity" (Habermas, 1968/1971, p. 74), (*Italics in the original*). Participation in an objectified reality of this sort is thus based on the attitude that events occur, "independently of the theorizing, interpretating, defining, conceptualizing investigator (or, in the case of pragmatic knowledge, administrator)" (Baldamus, 1972, p. 282). In a world view of this sort, "Vitamin K exists, one would think, even if it should remain undiscovered" (*Ibid.*, p. 282).

It is difficult to estimate the influence of a social or communal context to support the assumption that a theory of the psychological can correspond to the actual nature of the psychological. It is precisely on the basis of this distinction, the correspondence of theory to an independant reality, which is the domain of interest to the "hard" or "natural sciences": chemistry, biology,

and classical physics. The many successes in the natural sciences to develop explanations which predict and control changes in phenomena seem to logically lend credence to extending the same possibility into the psychological realm. Many hoped, and still hope that this way of organizing our experiences would be equally successful in the domain of social and individual affairs as it was in our theories about planets and microbes.

Acting on this assumption however, immediately poses problems in the psychological domain because the hypothesized psychological structure is not directly manifest in the same way as a cell is under a microscope. Its existence needs be inferred indirectly by the effectiveness an explanatory system to predict and control psychological change. Therefore, to begin, the objective existence of a psychological structure must only exist as a tentative idea. As effective change becomes more self-evident the identity of the actual structure to which a form of language refers can be assumed to exist with greater certainty. If this way of structuring reality is effective and generates the outcomes we want it can seem to point to the objective existence of a psychological framework outside the domain of language. Traced in the following sections are some of the characteristic activities engaged so that an epistemological basis to warrant this assumption can be obtained. Activities examined include concept formation, positing the existence of a unitary structure to explain different conceptual states, and identification of conditions where the functioning of the structure to produce different states is effective or fails.

Concept Formulation

The Latin root of concept is derived from conceive; literally to create and

put together from pieces. The organizational and communicative heuristic of using a concept to create a semblance of order from among fragments of a complex field cannot be underestimated. A great deal of simplification can be realized by the use of a single conceptual term. Again the organizational principle of relating two separate elements together in some way is utilized. A concept by definition reflects this activity.

In an objectified reality, changes or differences between things depends on their existence within a structure of fixed, (often cause and effect) relationships. The structured orientation constrained because of the need to develop objective explanations consequently dictates that all concepts refer, signify, or denote the existence of a concrete tangible thing or stable state. Adhering to this logic, the overt behaviors observed and the descriptions provided by the client, in the context of therapy, need to be conceptualized as referring to an objective psychological state. This means at the outset that encounters with clients are oriented towards the simplification of their descriptions to a diagnostic label or name. This activity of reducing and converging a complex constellation of client behaviors to a single conceptual name or label lends the appearance of the precision necessary to claim knowledge of an objective sort and consequently to engage therapy on this basis.

Seeking to explain the existence of different psychological states, it is possible, in turn to conceptualize objective causes for them. This way of proceeding can be paralleled with the way some types of medical research are conducted. Symptoms are believed to be an effect or product of how different parts of body are functioning. The identification and function of each

specific part can be denoted or referred to conceptually with a name or label which at the same time specifies the relation of a single part to other parts in contributing to an overall state of health. Psychologically oriented theorists do not have the luxury of a physical body that can be cut open, probed, and analysed as to the interactions between its manifest parts. Nor do those who seek explanations in the psychological domain have the ability to directly isolate and point to a part to meet the conditions of intersubjective sense certainty. A ruptured aorta and an irrational belief exist as knowable in different ways. This difference is not necessarily an obstacle to explanation. Both can be conceptualized as objectively real by their existence as such in language.

In trying to pinpoint the cause of different psychological states, a theorist can on reflection, abstract commonalities that seem to conceptualize different outcomes. This way of proceeding presents problems immediately because most reasonable or sensitive theorists are aware of differences among clients. No two problems are exactly identical in the context of therapy, nor are any two people. Explanations that seek objective causes can gloss over these differences as secondary, or insignificant. What matters is to make explicit those dimensions where both the specific case and the general case have to be considered as somehow the same, or belonging to the same class. This assumption does not entirely resolve though, the experience of many different identifiable psychological states possible for a single individual or group of individuals. A way around this paradox of simultaneous differences and similarities is to consider the diversity of states, the whole of human behavior, as referring to a neutral conceptual domain. All behavior can be

conceptualized by abstracting the similarities of a class of concepts. Thus we can say that every one has a personality and once said many different theories of personality, development, etc., may emerge to explain a variety of alternative end states. The meaning of the term personality is highly ambiguous unless some information as to its content is made plain. Descriptions of a neurotic, laid-back, anxious, personality etc., provide a clearer image of how differences in personality types can be compared. As a structural orientation is intended to explain why these different descriptions are somehow real, the neutrality of a conceptual domain to bracket differences in content is useful. Now both the specific case and the general case can be explained within the same structural framework. Implicit in doing that is the assumption that it is the hypotheses, rules, and computational consistency of the theoretical structure itself which causes the client's psychological state.

Acting on assumptions and distinctions of this sort leads to the logical necessity of maintaining that the invented psychological structure is universal and common to all, or to the population that an explanatory structure specifies. Here an analogy to the human body is apt. At a certain level of abstraction everyone can be identified as having the same physical structure of parts and relations. This is possible by abstracting what is the same among a group of individuals. The abstracted image itself comes to represent a norm, prototype or ideal against which the specific individual can be compared. In the psychological domain there are many different forms which constitute normal behavior. Implicit in the name or label given to a client's problem is its deviation from the norm. Wolpe's S-R model clearly

illustrates these points. Everyone's existence and activity is defined within the structure of S-R relations. Individual differences exist in the specific context of S and R domains. The relationship between these specific contexts in certain cases is problematic. This deviancy needs to be replaced with an alternative behavior which the therapist can teach to the client.

The stability and rigidity of the structure configured this way is however problematic in that the separateness and autonomy of its parts, concepts, held in fixed spatial relations by their definition preclude their interaction. This paradox can be untangled by the positing of some sort of reason, force, or dynamic that acts within a structure which cause its parts to interact as a unitary whole. Ellis for example specifies this constant as cognition. Cognition manifests beliefs which in turn determine different sorts of outcomes. For Wolpe this constant is reinforcement. Freud's structural apparatus of the Id, ego, superego, in fixed relations energized by the constant of libidinal or psychosexual drives illustrates these theoretical assumptions clearly. Other conceptualized cognitive or behavioral determinants in psychology include: social pressure, instincts, family of origin, self actualizing tendency, developmental milestones, survival, integration etc.

In many respects this way of proceeding mimics a classical, or Newtonian world view. The psychological domain is considered as analogous to a machine, or clockworks. A separate and autonomous whole is in turn made up of separate and autonomous parts in fixed relations interacting due to the input of an energy source producing some kind of constant output. The utilization of this mechanistic metaphor dictates an adherence to certain assumptions as valid. First, as I have already pointed out, the observer is

passive, what would be seen on looking would be the same irrespective of the observer's presence or not. Second what is considered separate and autonomous can not be understood unless it is analysed to see how its parts work. Thirdly, both therapist and client alike as passive observers are merely recording devices. Everyone is a victim of circumstances mechanically recording and acting on events and relegating them into different psychological domains (Wolf, 1984).

In a structured perspective the individual who comes in for counselling exists in a certain way because specific events occurred in the past which invariably determine the present. Once various conceptual content becomes established change occurring in time becomes an irrelevant or extraneous parameter. When the psychological clockworks is wound up, so to speak, it will function in a specific way independent of time. The distinction of changes in the structure of the whole with respect to the past, present, and, future are irrelevant as the force which drives the psychic apparatus does not itself vary with time.

My researches into theoretical development has lead me to see many of the limits and hazards of constructing models of human behavior on this basis. The necessary assumptions seem to demand a skeptical response. Since a theory simultaneously does two things at once in this section I have made explicit only one dimension: how the stability of meanings within an explanatory structure can be bracketed with language. The other dimension is what a structure effectively permits the individual to do once engaged. Both of these dimensions are interdependent and emerge at the same time. They mutually reinforce each other, yet only one dimension is made explicit

at a time depending on the distinctions that are made.

From Theory to Certainty

The codification of various ideas and the development of conceptual systems did not spontaneously emerge by itself. Every theorist, in fact every individual must try out one's ideas to see or experience if they are effective. An explanation, in and of itself, is not enough. The explanation must also work by effectively pointing out what is relevant to generate the outcomes we experience, or expect in order to be held as valid. The printed word, the published theoretical formulation, or the text of this thesis itself hides the activities (struggles!) entailed in bringing forth a structural form which is both coherent and useful.

The structured orientation based on the assumption that the psychological domain exists independent of the activity and observation which brings it forth uses the experience of effective outcomes as proof for the validity of this assumption. Here reliable and predictable outcomes reinforce the validity of the explanation. Therefore what on one level seems to be the mere manipulation of language to posit the objective conceptual existence of a psychological framework cannot be so easily dismissed if it seems to not only make a situation understandable, but that it can also predict and control what will happen. Traced in the following sections are the confirmations that can seem to make what starts out as an idea a valid and warranted representation of reality.

Playing with Ideas

I have experienced interacting with clients and trying to figure out some reason or explanation for their problem. Based on my experience I am trying

to formulate a hypothesis or cause for the problem. The only way I can know if this idea or reason is valid is to act on it and see what happens. A basis on which therapy proceeds needs to be established. If therapy is successful I may think that it was the way I conceptualized the problem and acted on it which caused the problem to be resolved. Maybe it was, maybe it was not. If by circumstance I find myself dealing with another client whom I perceive as the same as the previous client it seems logical to view both as the same. If therapy is once again successful it can be extremely difficult not to suppose that some sort of underlying commonality has been accessed. Beginning with effective action I can formulate an idea why that activity is effective, and on that basis habitually act in the same manner. A tentative explanation or belief why my activity has been successful becomes a stable, "certain" basis of knowledge which delimits effective action on my part. This progression can be likened to an initially tentative or "loose" idea that structures the world of my experience. With repeated engagement and reflection new experiences can be incorporated that modify a previous idea and in turn be subsequently reused to determine changes in effectiveness. What began as a "whobbly" idea becomes progressively more stable and certain as I make finer distinctions as to what is relevant in determining the outcomes I expect or want. It is interesting that in this movement of discriminating with greater acuity among relevant and irrelevant experiences that, "the word certain comes from the Indo-European root skerj, meaning to cut or take apart" (Wolf, 1984, p. 5), (*Italics in the original*).

My way of acting, in the example just given, is by no means as grand or based on such high hopes as the theoretical work of a Freud, Adler, or Rogers,

for example, where all clients and client situations are made meaningful within a single unitary structure universal in its scope. The difference is only in scale not in kind. The domain an explanatory structure specifies can vastly expand so that a precise meaning for everything ultimately becomes possible. An explanation that grows and effectively structures the meaning of many different experiences also grows proportionally in its power and utility.

The stability of an explanatory structure, by my belief in its certainty, provides a security that as events arise I can anticipate what they mean and act accordingly. This experience of perpetually viewing the world through the lens provided by a stable structure can be described as "magical castle" (Wittgenstein, 1980, p. 11), or generating an irresistible gravitational tug (Stolzenberg, 1984). Continued participation within a structure and continued effective action make it increasingly difficult to remain aware of the ontogenic reality of the structure as a result of activity and the choices made, and not the structure's own independent existence.

As long as my activity remains effective I can hold my explanations as certain and thus take them for granted. It simply exists and my belief in its certainty is justified. As a consequence of this belief, my observations and sensitivity become conditioned to see the present context in terms of what my ideas define it to be. Why would an explanation effectively confirming my expectations ever be challenged? This attitude utilized in the psychological domain dictates that others are defined by the structure of my explanations.

Both a structured and process approach are identical in this progressive movement our activity creates to obtain a stable order warranted by its

effectiveness. The two perspectives however, immediately become distinct when our activity generates an experience of uncertainty, failure, or ambiguity. In a structured orientation this experience reflects a possible outcome within the same explanatory structure operational in the present context. This choice is consistent with the assumption that reality exists independent of the activity which created it. In a process orientation, (considered in the second half of this chapter), uncertainty, or ambiguity reflects the possible co-existence of alternative explanations.

In order to negate the experience of uncertainty as indicative of an alternative explanation as possible the response in a structured orientation is to reduce, or explain the variability of outcomes. Quite a significant study could be engaged on this issue; considering the many methods and means available to prove that differences emerge from the same invariant structural form. How and why we have ordered a situation can seem to eliminate the possibility of alternative explanations as viable.

The Social Structure

It is one thing for an individual to devise objective explanations of why things take place. It is quite another to persuade others that they also should, or that they do participate from the same explanatory system. This is a dimension on which structurally oriented theorists can flounder, the transfer of private assertions of certainty in a manner which can be objectively demonstrated in a public manner.

Once the founder of a theory has to come to some clarity about various ideas and why they are effective, (committed these ideas to print, for example), others can learn, adapt, and interpret these explanations on the

basis of their own experiences and act on them. Any individual acting within the context of a group of similar beliefs can have their own certainties reinforced, affirmed, or negated by the group. A community is formed where the same meaning and cause for activity is believed to be collectively held. This social path of transmitting private knowledge to others is seen in the emergence of the many different psychological schools of thought in existence today. Perhaps it forms the very basis for education itself. Von Forrester, (1982), neatly encapsulates this perspective with his maxim: "Reality = Community" (p. 308).

Jung's description of his break with Freud, is noteworthy in that he experienced Freud as having become "dogmatic" in his theoretical explanations (Jung, 1965). Jung's way of defining reality negated the very way the reality of the psychoanalytic community under Freud was determined. Freud could not accept Jung's competing explanation as viable. Unable to reconcile to their differences Freud and Jung went their separate ways. In the same way, when Horney was unable to obtain objective proof for Freud's theoretical speculations she began to develop her own theoretical framework (Quinn, 1987).

In the history of psychology those who challenged the collective belief of a group were very often labeled in various ways wrongheaded or in error. Jung, Adler, Horney, and Rank were at various times labeled this way. The attack on Rank was particularly virulent; he was labeled as unbalanced and mentally ill by the leading psychoanalytic figures of the day (Menaker, 1982). I do not think that these individuals were challenging the fact that Freud's perspective was sometimes effective, but the consequences of what had to

exist in order for it to work.

The political and social context where an individual can confirm knowledge and a point of view as correct must play a role in many human situations, and the longevity of many ways of thinking. In the domain of psychology, despite communal and individual hopes for an objective basis for knowledge, the nagging realization that desired outcomes did not always occur remained. The observation that a theory was sometimes ineffective undermined the very criteria that justified a theory's validity.

It is perhaps with this experience of breakdown that a personal reason to choose to retain one explanation over another becomes explicit. If an explanation is usually effective in bringing forth the outcomes I expect I would naturally select it over other explanations that do not. This is especially true if my identity is largely determined by my ability to have the effectiveness of my activity continuously confirmed. The assumptions of a structured orientation preclude an experience of ineffective outcomes as attributable to the structure itself. When a structure that objectively exists, invariant and independent in relationship to our activity breaks down then some aspect which we can conceptualize or quantify is not working properly in its relation to other parts. The property or principle that defines normal or expected relations between parts is not operational. When this maladaptive component is identified and manipulated the invariant structure of the whole does not change but the outcomes generated do. Client resistance plays a significant role in allowing the belief that change only takes place on this basis to persist.

The Role of Resistance

Resistance plays a unique role in maintaining the validity of a structured approach. Resistance does not denote the content of a particular conceptual domain, rather it refers to the stability of a fixed relationship that keeps conceptual domains separate. An experience of resistance therefore is indicative of functional constraint to keep the psychological structure stable, but not as a determinant of a psychological state. Thus one can speak about positive resistance, as Ellis does, because emphasis is placed on the specific psychological state, but not on the necessary structure which determines differences in states. Since, in this approach, effective psychotherapy is oriented towards changing, or bringing to awareness specific content which determines present behavior resistance represents an impediment to this change. When resistance is experienced by the therapist it does not indicate a power struggle, or conflict among the participants in the context of therapy. Instead it reflects the structural stability of a psychological structure which transcends individual differences.

Subsequently, a client's nonconformity, opposition, or hostility is not seen as a valid challenge to the theoretical basis on which the problem, or the therapeutic exercise itself is defined. The behaviors of a resistant individual do not need to be considered as assertions of the present quality of the client-therapist relationship. This is because the theoretical explanations which determine what the therapist is looking for as relevant lead to an expectation of client resistance. Resistance reflects the stable and invariant structural form within which all different psychological states emerge. Acting on this assumption what the therapist tries to find are the actual events that clients

when resisting, are trying to hide. Viewed in this light resistance has to be worked through, broken, avoided, deconditioned, or circumvented in order to treat the real cause of the problem: the specific psychological events of the past that define the reality of the client.

Explaining threats to therapeutic effectiveness in this way simultaneously accomplishes a number of ends. First, the explanation itself cannot be either refuted or proven. Second, the implicit assumption of experience and experiencer as independent is not called into question. And thirdly, in a far more subtle way the behavior of the therapist is continuously self-justified for defining the client in a particular manner. If my explanations determine an independent objective domain it exists independent of my activity. It is simply there. If therapy bogs down and fails I am not to blame; the objective reality of the client has made itself manifest as the theory said it would. I am not responsible for this outcome; it has nothing to do in relationship to my own activity, and it is not a personal reflection on me. If on the other hand if therapy is successful it now becomes paradoxically due to my activity and skill. An objective reality cannot exist without having human activity conforming to it. The fact that both possibilities co-exist means that the therapist has the power to justify the meaning of activity as alternately either dependant or independent of the one's own doing depending on its usefulness. However,

Informal justification always underlies formal justification as Aristotle (deduction ends in induction and induction ends in recognition), Godel (no conceptual system can be shown to be both internally consistent and self-contained), and Wittgenstein, (explanations come to an end,

otherwise they would not be explanations) have all established (Gill, 1989, p. 66).

A therapist acting on a structured approach can be lead to believe that this informal justification is not present, or use it without awareness to continuously justify ones own activity and knowledge of what is experienced.

Confusing Effectiveness with Certainty

In our activity we can believe that there exists a single unitary structure from which differences emerge. The effectiveness that our activity generates seems to validate this belief. The more effective our explanations the more they seem to provide a certainty that they correspond to something real. Often effectiveness is a measure of a capacity to predict and control the differences experienced. In the structured orientation the assumption is made that a unitary structure pre-exists the activities which bring it forth. We act, as it were, to create a symbolic order the effectiveness of which validates its correspondence to an independant objective order.

When this epistemological attitude motivates theoretical development in the psychological domain effectiveness becomes the arbiter of explanatory validity. This implicitly dictates that alternative explanations compete with each other in order to prove on some quantified dimension of effectiveness that they are superior to others. Theories which offer better explanations, reduce variability, permit greater prediction and control of expected outcomes naturally refute theories which are less effective. Consistent with this approach to theoretical development is that which we presently experience as complex, ambiguous, unknown, and mysterious will ultimately converge towards a stable structural state where perfect effectiveness will indicate an

absolute correspondence of our ideas to reality.

While an absolute correspondence between our ideas and reality may be hoped for it never has been, nor ever will be achieved. This correspondence can increase in precision, but remains only approximate, never absolute. The assumption of a structured approach can deny the relevance of the inference made when what is only approximate in its correspondence is taken to be identical.

By confusing certainty with effectiveness, literally melting them together, the necessary and primary role of this inference is negated. Focusing exclusively on effectiveness and conditions of proof to validate the certainties our knowledge seems to provide, we lose sight of the initial choice, inference, and distinctions made so that knowledge, or a point of view can be made operational (Sorri, & Gill, 1990). When resistance is attributed to the client what is going on is not just the simple identification some sort of independent external reality. What is also taking place is the speaker's demonstration of the certainties held as a consequence of one's own choices and activity for this identification to seem real. To be aware of the interdependence of both these dimensions marks the emergence of a process orientation.

A Process Approach to Psychotherapy

The basis of a process approach is that we create order among our activities as to their implications and meaning. In a structured orientation to psychotherapy primacy is attached to order; the pre-existence of various objects, things, events that structure the world of our experience. Emphasis is placed on what is, the material and particle world of separate and autonomous

things. The independence of our existence from other objects dictates that the stability and change of objects in our experience must be due to the internal dynamics of the parts which make-up different autonomous wholes. The more effective or better our explanations the better they permit us to predict and control what changes will take place when these structural components are manipulated. Perfect effectiveness can lead to the assumption that the way we define reality is reality.

In a structured orientation an objective reality pre-exists our activity. The purpose of knowledge is to find out about this reality, identify its relevant structural components and manipulate the relationships between these components in predictable and controllable ways to generate the outcomes we expect or want, and consequently justify our knowledge as valid.

In a process orientation this absolute distinction between what is and our knowledge of it is only a relative distinction. In this perspective it does not make any sense to speak of objects or concepts in our experience that of themselves determine our reality. Here, what is arises only in relationship to our experience, activity and doing. Whatever reality is, we cannot grasp totally, we can only select representative aspects of it as meaningful in relationship to activity in the present moment.

For a process oriented theorist, therapy begins with the acknowledgement that the person sitting in the chair opposite is a separate individual. In contrast to the structured perspective, therapy is not a context where the explanatory system used by the therapist is made operational. Therapy does not focus on a predetermined goal, rather it concentrates on a particular kind of relationship.

If the client has no idea or solution to the problem, the therapist cannot presuppose to have one either. Even though it is possible for the therapist to formulate propositions that explain objective dimensions of the client's problem they do not represent the "truth" of the client's reality. For any explanation of the problem to emerge, if one evolves at all, it must be through the joint activity of both client and therapist.

In a process orientation primacy is attached to human activity and experience as occurring prior to explanations of fixed cause and effect relationships, or the objective reality of anything. It is an error to believe that the activity, or the existence of human beings to bring this reality forth did not occur. It is also an error to believe that the totality of individual experience and existence due to activity can be made objectively knowable via symbolic representation, or by the existence of language itself. These erroneous assumptions are perpetuated by ignoring or forgetting the distinctions made so that a point of view can be seen as operational and valid. Whereas a structurally oriented individual is concerned with how pieces and parts fit together to determine a larger conceptual whole a process oriented individual is concerned with the criterion as to how these separate pieces were distinguished in the first place.

The structured orientation based on a mode of explanation which dictates that events and things exist independently knowable in their meaning is inappropriately applied to the psychological domain. The necessary activity needed to establish such a point of view is denied in order to meet the demands of intersubjective proof and structural stability to show objective existence. Further belief in an objectified reality is wrong, if it excludes individual

choice, activity, and responsibility for bringing forth the reality within which such events are said to occur. This way of proceeding is appropriate in a clockwork universe of things, machines, and autonomous objects that cannot describe, explain or reflect on their activity in a way that can have a meaning, but not in the human domain (Capra, 1988). Here it is impossible to separate the knower from the known. It is only in the interdependence of the two that life can have any meaning. Knowledge is personal, not absolute.

How knowing gets done in a process approach is to remain sensitive and aware of the human capacity to act, experience the implications of our acts and on that basis to consequently retain or modify our activity. The attitude of this point of view is that all knowledge is ultimately generated by doing. "All knowing is doing and all doing is knowing" (Maturana, & Varela, 1988, p. 27). Therefore a context (symbol) can specify the meaning of our doing, (all knowing is doing), or our doing can specify the meaning of a context (symbol), (all doing is knowing). Both aspects of this tautology occur simultaneously. The only way we can distinguish among them is to represent which aspect is relevant.

A process orientation can therefore be understood in one of two ways. A progressive movement from chaotic uncertainty to stable order is acknowledged as viable, but it remains clear that this is a consequence of individual activity; (all doing is knowing). We all had to learn how to walk in a progressive manner. By acting we can make distinctions among activities as to those activities which make walking possible from those which do not. When we know the difference among the activities which brought the difference into existence it can be forgotten or taken for granted. Once the

functional outcome of walking is obtained we can in the main act within the structural constraints that make for effective walking.

Analogously a structurally oriented theorist engages in the same process on a conceptual level. An order where there was none previously is created and justified because it functions effectively. Every theory reflects, quite obviously I think, one way that an unknown domain can be made explainable. Differences amongst them reflect the different meanings, values, and conceptual domains, which must be made operational, (exist) to bring forth effective outcomes.

Within a process perspective there is also however the possibility of a many discrete structural configurations of different relevant features that cannot be subsumed or added together into a single absolute explanatory structure. All knowing is doing among a multitude of discrete structural forms. This is the opposite of a structured world-view where a single unitary structure is believed to be the ultimate source of diversity. Here, instead of a single objective universe that can be put together from its constituted elements, there are multi-verses or sub-wholes within which I can exist.

A notion of relativity emerges when an awareness is obtained that the meaning which presently defines and constrains my activity is never absolute. For example, the reality of what a sunset means to another can only in a relative, and in some dimensions ambiguous manner be related to what it means to me. We can continue talking long after the sun has set as to what it means to each of us. In fact we could talk forever and still not absolutely define the essence of what a sunset means. Our dialogue, however does not preclude the possibility of assuming some sort of shared meaning between us.

I can abstract dimensions and constants by which I can assume your experiences have equivalent meaning for me. In conversation there is always both a consensual and private dimension as to the meaning of our communications.

As with communication so too with self-definition. The activity of abstracting and supposing similarities among experiences permits the integration of meaning so that I can consider myself as remaining the same in relationship with many different people and contexts. Yet, at the same time there are also limits to this integration of experiences. For example, on a certain level of abstraction, it is impossible to consider a basketball game and a baseball game as the same. They each represent structures which are distinctive in the rules and principles that would effectively permit me to participate. That I can know the difference gives me a choice as to how I want to act and consequently determine different meanings for my acts. I therefore can also consider myself as changing and different each moment the meaning of my activity shifts in relationship with shifts among discrete contexts.

Process oriented theorists are sensitive to those distinctions that activity generates for remaining in contact with the way the present moment is structured. In the context of psychotherapy it is important to remain aware of the distinction between the unique experiential domain where our activity has certain implications from the linguistic domain of symbols where that activity is represented. Awareness of the difference leads process oriented theorists, not to attach primary value to truth, or knowledge solely based on the content of a verbal exchange itself and its meaning in therapy, but to the

actions and experiences which brought those symbolizations forth. Meaning is never in the symbols themselves but in relationship to the reality they call forth. In the domain of human relations or self-description it is a mistake to consider the meaning a symbol evokes to be identical to the reality it represents. Among individuals there may be an interpenetration or shared meaning, enough to coordinate activity, but never certainty that the meaning or implication of our acts for two people is absolutely identical.

Experience and Language of Experience

Throughout this work I have alternatively described an experience of resistance and definitions which explain that experience from the context of theoretical orientations. These two, an experiences and a definition of that experience are interdependant and emerge together. In order to look at the epistemological roots of our knowing in a process orientation the differences between an individual's private experience and the communication of that experience needs to be explored.

Obviously a domain of experience exists for many organisms without the need for a complex symbolic or linguistic means for communicating the nature of that experience. Pre-verbal children certainly seem to know a great deal about the regularities of both the environment and relationships within which they interact. David Bohm (1974) has synthesized studies and experiments of experiential knowing which raises several relevant points.

We have discussed studies of the development of the process of perception in an individual human being from infancy, as well as direct studies of how this process takes place in adults. What comes out of these studies can be summed up in the statement that in the process of

perception we learn about the world mainly by being sensitive to what is invariant in the relationships between our own movement, activities, probings etc., and the resulting changes in what comes in through our sense organs. These invariant relationships are then presented immediately in our awareness as a kind of "construction" in an "inner show", embodying, in effect, a hypothesis that accounts for the invariant features that have been found in such experiences up to the moment in question. This hypothesis is, however, tentative in the sense that it will be replaced by another, if in our subsequent movements, probings etc., we encounter contradictions with the implications of our "constructions" (cited in Suppe, 1974, p. 190).

A key feature of experiential knowing seems to be that it is based on active doing in order to remain in contact with the environment. Whatever experiential thought is, it does not seem appropriate to break it up into discreet linguistic domains called environment, behavior, and perception. What seems to be taking place is an continuous sequence of activity, leading to perceptual change, leading to further behavioral change which is always constrained by both the perceptual and morphological limits of the unique individual. The linguistic distinctions of time, space, mind, body, etc. do not seem to apply at this level.

When my daughter was eighteen months old, she managed to put her hand on the stove and burn it. She has not repeated this behavior. As an observer I could describe this situation in language, she could not. Some sort of invariant relationship had been set up for her, (she did not put her hand on the stove again), but it could not be communicated with words; she cried

instead. An eighteen month old has a severely limited communicative ability in the linguistic domain.

Nagel (1974) touches upon the silence between of the "knowns" of experiences and language to communicate those experiences when he asks, "What is it like to be a bat"? (p. 435). The question clearly reveals a metaphorical relationship between experience and the communication of experience in language or with symbols. As a thought experiment in language it is possible to imagine being a bat. To speak about it is, however, certainly is not its actuality or reality. Here words serve only as metaphor. The degree to which words correspond to the reality of bat consciousness cannot be proven with words or shown with words. In this case we are clearly using words to create an image about something which is not the image. The German philosopher Wittgenstein has on many occasions written about this relationship most notably in Tractatus Logico-Philosophicus (1922/1988) and Philosophical Investigations (1963). Wittgenstein, (1922/1988) is clear that, "Whereof one cannot speak, thereof one must be silent" (p. 189). To continue speaking in the hope that words can communicate the meaning or value of a reality independant of language is to create nonsense and operate in a world of illusions where its illusory nature is denied.

After my daughter had burnt her hand, that experience did not seem to preclude further probings, activity, and consequent perceptual changes from occurring. When she approached the stove, she certainly was leery of getting burned again. Recall the idiom, once bitten twice shy. I can relate to the experience of physically getting burnt as being painfully real but, I can only

describe it metaphorically in my communication to another. What is called to mind with my communication is the other's experience of pain and not my experience of pain.

My daughter with only this fragment of experience could continue her probings and consequent perceptual changes across many different contexts. On the basis of a preliminary and private experience she was able to continue acting on selectively finer details of that total experience and by perceptual changes define the boundaries where further action would lead to getting burnt. Perhaps she had only a vague notion of what getting burnt feels like but lacked the experience of what perceptual changes "meant". By paying attention to these perceptual changes, I noticed though, that she did not need to touch every object capable of burning her in different contexts; for example, a lit candle, the fireplace, barbecue, toaster, hot water etc. Focusing on perceptual changes and their similarity was sufficient to modify her behavior, (to inhibit the experience of getting burnt from occurring), regardless of the heat source.

The idea I wish to outline is that experientially my daughter at eighteen months old, could not achieve an increasing precision and control over the "rule of getting burnt" without paying attention to the perceptual changes which defined in a context, (the context of her body), the boundaries in which for her experientially, the rule would be activated. It was as if unless she acted she would never know the limits of her activity. Speaking metaphorically, as I must in order to communicate, from these observations I would posit that in the experiential domain there is no distinction between mind and body, past, present and future, self and environment. Every

organism is part of a larger whole indivisibly separate and defined only by perceptual and morphological limits. Experiential thought considered by itself is fragmentary, but that fragment transforms into a vivid experience when activated in a context as a result of our doing.

A child's relationship to what we call the environment is however, surely only part of the picture. Human beings because of dependency needs at birth, and I suppose through out the life span, exist at a nonspeakable experiential level in their relationships with others. The newborn cannot through its own activity survive without some sort of invariant relationships, some sort of regularities, being established with others. My children certainly seem to rely on me and my spouse to set limits for their activity.

The knowledge obtained by children by interacting and participating within the structural limits of their growing bodies and familial context generates meaning which is tacit or impossible to symbolically represent. Even as adults we can, "walk, swim, shoot basketballs, and the like without being able to articulate this knowledge in words. In addition, we are all are able to recognize another person's face in a crowd of thousands without being able to say how we do it" (Gill, 1989, p. 57).

Things of which we are focally aware can be explicitly [sic] identified; but no knowledge can be made wholly explicit. For one thing, the meaning of language, lies in its tacit component; for another, to use language involves actions of our body of which we have only a subsidiary awareness. Hence, tacit knowing is more fundamental than explicit knowing; we can know more than we can tell and we can tell nothing without relying on our awareness of the things we may not be

able to tell (Polanyi, cited in Gill, 1989, p. 57), (*Italics in the original*).

In the ontogenic development of human beings we become, "geared" into the world by means of two main media, or modes, language and our bodies. We can only know reality indeed reality only comes into existence and takes shape for us- as we interact in our physical and social environments through our bodies and through speech. Thus it makes no sense to speak of reality in and of itself (Kant's Ding an sich), not because it is beyond the reach of our minds, but rather because it is nothing with which we have to do. In Wittgenstien's phrasing, such talk has no place in our lives, except as it serves to remind us that experienced reality is always capable of changing and thereby changing our ideas of it (Gill, 1989, p. 62).

In a process orientation it is the instrumental knowledge, (meaning) generated by activity and symbolilzation which is of primary value and significance to human beings. The function of both act and symbol (context) are interdependent, and in relationship provide both knowledge of the effectiveness of the act itself in the outcomes produced and at the same time the relationship of the act within the structure or context that the symbol delimits.

As both these sorts of knowing occur simultaneously, the ontogenic development of human beings can be seen as a progressive engagement towards making one dimension or the other of this inter-relationship more explicit than the other dimension both to ourselves and to others through our communications. Therefore, "thought is really a functional relationship among symbols and experiencing" (Gendlin, 1962, p. 11), where only one dimension of this inter-relationship can be made focally explicit as to its

meaning any given time.

Wittgenstien, (1965/1984), acknowledges this capacity to shift the source of our experience within language, "from an expression by means of language to the expression by the existence of language (p. 384), (Italics in the original). Therefore, as a means language permits making explicit the meaning our activity generates, but also by its existence language can determine the meaning of our acts. Wittgenstien devoted a great deal of his philosophical work in trying to show the problems of confusing these two orientations. Problems emerge for us when we unknowingly go from one mode of expression to the other and nonsensically demand, "that the correspondences we establish between them (because we see these two realms simultaneously)", (Maturana, & Varela, 1988, p. 136), are of the same logical order.

The error of the structured approach when applied to the domain of human intercourse and existence is it considers reality as solely existing and independant of the activity which brought it forth. While this assumption is warrented in many domains by the effectiveness and proofs provided, it negates the initial possibilities from which the structure itself was devised. With the role of choice negated activity must therefore confirm and obtain the meaning the structure of explanation says it does so that the certainties and functions it seems to present are not challenged. Ascribing primacy to reality's objective independance from our activity,

has totally falisified our conception of truth, by exalting what we can know and prove, while covering up with ambiguous utterances all that we know and cannot prove, even though the latter knowledge underlies

and ultimately set its seal to, all that we can prove. In trying to restrict our minds to the few things that are demonstrable and therefore explicitly dubitable, it has overlooked the a-critical choices which determine the whole being of our minds, and has rendered us incapable of acknowledging these vital choices (Polanyi, 1958/1989, p. 153), (*Italics in the original*).

In a process approach the role of choice is emphasized. We define our reality from a complex, continuous flux of experience and give it order. The meaning of words and symbols change in relationship to changes in activity and context. Ideas, points-of-view, social norms, rituals traditions do not necessarily determine in an explicit, or transcendent manner say anything outside or external to themselves about reality. But they do say something about the reality we choose to create. Viewing tacit knowledge generated by acting and changing with activity as prior and more fundamental to the use of symbols that give this activity some dimension of explicit meaning and focus is a major direction process oriented theorists take towards encounters in the context of therapy.

Theory and Behavior as Functional

Emphasis in the process orientation on the function our activity achieves leads to the observation that every presently existing individual has been successful in obtaining the function of continued existence. An unbroken continuous sequence of activity in order to remain in relationship to changes in the context of participation must have necessarily been achieved. Survival is the fit. With the use of language it is however possible for the individual to generate representations, think about, the implications

of this activity in terms of its effectiveness and meaning.

George Kelly's, "psychology of personal constructs effectively illustrates that the hallmark of a good theory is usefulness not correctness" (Ewen, 1988, p. 384). By acting, the individual simultaneously defines a construct. A system of constructs emerges abstracted from participation in many different contexts. These constructs while initially "loose" in their configuration given time and continued testing become progressively "tighter" and more certain. A construct remains implicit until the effectiveness of an activity is thwarted or fails, then the validity of the construct is called into question. At this juncture the individual can choose to modify (loosen) a construct to accommodate new predictive possibilities, or assimilate the experience as validating a previously held construct. Here, the difficulty in modifying the constructs that determine my activity is that it challenges me to let go of the way I have construed my self as a confirmation of my own predictions. Frustration in not being effective, or getting the outcomes I want may necessitate redefining who I know myself to be in terms of the effectiveness of my activity.

In Kelly's personal construct theory, if the present construction by which I define myself, events, and the world around me is ineffective then I might want to re-invent it and act on that basis. Unlike a structurally oriented therapist, Kelly would claim to have no knowledge of what this alternative construction should or could be independant of a collaboration with the client. Therapy is the context where the client can explore and find alternative constructions of self which are more harmonious in their function.

Differences exist among process oriented theorists as to the dependence of an explanatory structure an individual creates and its ability to define effective activity. Some take the view that any explanation is just an explanation while only our choices make an explanation real. A client can become more aware of the existence of a choice and the difference choices created by the therapist allowing the client to keep the problem, but act differently. By acting differently new meanings for the implications of activity will emerge. Erickson's approach reflects this perspective of allowing the client to explore the dimensions along which explanations and their meanings do not limit or constrain changes in activity. What is risked in this orientation is experiencing the contradiction of self-definition and the activities those definitions delimit and the actual possibilities available. The therapist takes a skeptical stance that there is somehow a timeless meaning for various events once they occur. The therapist is present and empathic towards the client, but does not try to fix the client's problems. In contrast to a structured approach, a process orientation builds the pressure rather than trying to relieve it.

Otto Rank also clearly positions his therapeutic approach on the individuals capacity to choose and assert an identity as an act of will. Explanations of why I am the way I am exist are secondary. What the individual is called to do is assert a self-definition as dependant on personal choice, and take responsibility for the consequences that emerge.

Another dimension on which a process oriented therapy can proceed is that an individual has become somehow fragmented. An explanatory structure which defines the problems of my present existence is lacking or

unknown. In this orientation the therapist provides a context or environment to find an explanation which gives meaning to the present reality of the client. The hope of this therapeutic process of linking the events of the past, where I have come from, to how I define myself today is that a knowledge of the interdependence of the two will allow me to act differently. The theoretical orientations of Freud, Jung, Horney, and Adler, in a certain sense structure the therapeutic encounter on this basis. The client has become fragmented into different conceptual domains due to certain forces theoretically defined, but it is the activity and choice of the client to "knit" together the specific events from these domains that determines the client's present reality. Giving the client permission to do this is easy. Getting the client to accept responsibility for what emerges may take a very long time.

It may seem contradictory that the same theory can obtain either a structured or process oriented means of epistemological verification. This depends entirely on the awareness and attitude of the individual as to the nature of a theoretical reality. If individual activity is deemed primary and fundamental to the generation of meaning then any theory only brackets as relevant a possible sub-set of meaningful activity. Awareness of this limit precludes the assumption of obtaining a transcendent knowledge independent of experience.

What has always been held in the forefront of the psychoanalytic perspective is the understanding that to a considerable degree each individual person ultimately responds to the circumstances of his environment in his own particular, idiosyncratic ways. In the deeply

probing psychoanalytic inquiry into what takes place within each individual mind, we become especially aware of how variable our individual perceptions can be. Apparently, there are no two people at the deepest level of their being, who ever perceive any "reality" in exactly the same way. Everyone creates his own reality, no matter what the "facts" may be (Franklin, 1990, p. 519).

This sounds like something Kelly would say, but Franklin is a Freudian articulating the type of relationship and understanding needed to engage in therapy when the limits of a theory are acknowledged.

Viewed one way a theory is only an arbitrary tool, chosen from the many tools available, to serve the therapist's purpose. Viewed another way a theory permits us to claim knowledge independent of our experience. When the therapist provides, or knows the solution to a client's dilemma prior to, and independent of the client's own realization of it on the basis of knowledge, a structured orientation is immediately engaged. In our choices we can quickly shift from seeing a theory as a tool to explore and manipulate the reality the theory creates, to seeing the same theory as somehow corresponding to an independent reality.

The Role of Resistance

A process perspective keeps the meaning of resistance to its original sense. Resistance represents or connotes a way of explaining the meaning of an act relative to our expectations. Recognizing that resistance represents the meaning of an act in its relationship to me, I can choose to act differently. This orientation immediately brings into sharp focus the futility of trying to equate acts with things. Otaini (1989), who attempts to build a taxonomy of the

different behaviors that refer to resistance makes a note that his list is not exhaustive (p. 458). This point is well taken. If resistance is the meaning an act obtains rather than a thing which defines itself, any hope for an exhaustive list is futile. This is because an act only has meaning in relationship to the situation or context in which it is experienced as occurring. The same act in a different context can have an entirely different meaning and value. The choice of what I represent an act as meaning is what it becomes.

What leads adherents of a structured approach astray is that to claim, "immediate certainty", as well as "absolute knowledge" and the "thing in itself" involve a contradictio in adjecto", (contradiction between the noun and the adjective), (Nietzsche, 1886/1966, p. 23). To ignore the distinction between noun and adjective as to how they bring forth meaning is to become confused. Nouns and labels for things are meaningful in that they can denote the existence of an object distinguishable as separate. If the existence of a thing is questioned or challenged as unjustified we can point it out, (without recourse to language), in a manner which makes it immediately available to our perception. This immediacy of producing the object itself to which a symbol refers justifies the utilization of a name, label, or noun. An adjective however only has meaning in its relationship to the thing or context in which it is experienced. One meaning of adjective is, "not able to stand; dependant". Therefore terms like good, wise, healthy, only have meaning when tied to specific contexts. We do have, however, as has been amply demonstrated the capacity to abstract commonalities among many different behaviors to define our experience of ourselves or others. It can be quite

easily assumed that by the adding of many different experiences it creates a quality independently meaningful from the context of generation. However, in a process orientation,

Every word immediately becomes a concept, inasmuch as it is not intended to serve as a reminder of the unique and wholly individualized original experience of which it owes its birth, but must at the same time fit innumerable, more or less similar cases- which means, strictly speaking, never equal- in other words, a lot of unequal cases. Every concept originates through our equating what is unequal. No leaf wholly equals another, and the concept "leaf" is formed through an arbitrary abstraction from these individual differences, through forgetting the distinctions; and now it gives rise to the idea that in nature there might be something besides the leaves which would be "leaf"- some kind of original form after which all leaves have been woven, marked, copied, colored, curled, and painted, but by unskilled hand so that no copy turned out to be a correct, reliable, and faithful image of the original form. We call a person "honest". Why did he act so honestly today? we ask. Our answer usually sounds like this: because of his honesty. Honesty! That is to say again: the leaf is the cause of the leaves. After all, we know nothing of an essence-like quality named "honesty"; we know only numerous individualized, and thus unequal actions, which we equate by omitting the unequal and by then calling them honest actions. In the end, we distil from them qualitas occulta with the name of "honesty"....

What then, is truth? A mobile army of metaphors, metonyms, and

anthropomorphisms- in sort, a sum of human relations, which have been enhanced, transposed, and embellished poetically and rhetorically and which after long use seem, firm, canonical, and obligatory to a people: truths are illusions about which one has forgotten that this is what they are; metaphors which are worn out and without sensuous power; coins which have lost their pictures and now matter only as metal, no longer as coins (Nietzsche, 1968/1873, p. 46), (*Italics in the original*).

For a process oriented individual what matters is that concepts need to lead us to the concrete, unique, human experiences from which concepts originate. When a client says I am depressed I have an idea or image of what this statement means, but at the same time know the origin of the client's meaning is different from my own. The least I can do in order to serve the needs of the client is try to remain open and inquire into what are the specific activities that became meaningful for the client when described this way. The resistant client who is frustrating and difficult is not the source or cause of the problem; it is the lack of an openness that individuals who are different can co-exist. Knowing this a therapist needs to find a way to effectively relate to the meanings of the client rather than other way around.

Summary-A Second Look

Throughout this chapter I have inquired into distinctive sorts of activity which lead to how knowing gets done. What emerges are two perspectives leading to different patterns of organization and explanation. There is a structural orientation that seeks explanations which correspond to an objective independent truth as a basis for justifying activity. There is also a

process orientation which looks at the distinctions which constrain and delimit the effective activity possible in different contexts. How resistance is defined in either pattern of explanation reflects the activities of those who choose to adhere to either of these different perspectives.

A structurally oriented therapist engages therapy on the basis of I know therefore I do. Proof of the validity of this knowledge is the ability to generate effective therapy consistently. Effectiveness justifies knowledge as valid. The experience of repeated success can lead logically to the assumption that the explanation somehow corresponds to an objective reality that determines both the specific and general case. Perfect effectiveness in therapy, of course, is not experienced, otherwise the concept of resistance would not be extensively incorporated into so many theoretical orientations. We cannot create total order of our observations or theoretical endeavors; the resistant client can preclude awareness of the partial and arbitrary nature of our explanations. A structured orientation adhered to in the hope of reaching perfect certainty, or an all knowing stance in its furthest extension would lead to a world perfectly determined. The existence of event A would invariably cause the existence of problem B along a well-determined predictable path. In a mechanistic world nothing is left to choice or chance. With perfect certainty all would be stable and secure, there would be no novelty or surprise. Faced with the invariant and perfect order of the universe the individual would have no choice, but to capitulate and conform to its inevitability and judgments.

A process oriented therapist engages therapy on the basis that I do in order to know. The effectiveness that knowledge can generate is known to be

only partial and arbitrary, but choices have consequences. The experience of stability cannot with certainty be found in its correspondence to an independent absolute either for myself or anyone else. Knowing that our knowledge is limited and uncertain frees us from the past because nothing can be predetermined. Thus we have freedom to choose how we go about in the universe. We can in only a probabilistic sense predict the consequence of our choices. Letting go of certainty, the stability and security of the world around us is shaken, but the freedom to choose and take responsibility for the stabilities and changes our choices create becomes more clear. We do not always know in advance what our choices will bring. When I experience resistance it reflects how I go about the world, how I define a situation. Awareness that this is a consequence of my doing gives me freedom to make other choices.

A structured or process perspective are both potentially present each moment. An act or observation is needed as to determine which of the two is operational. How we choose to compromise will determine whether the stable certain structured side of reality that remains invariant to our activity, or the uncertain process side of reality that changes in relationship to our activity is manifested. Every act we perform is a choice, even if we are unaware that we have made a choice. Reality noticed is reality created.

With acknowledgment that both of these complementary views are valid and emerge through choice, what remains is the capacity of the individual or social group to make and be aware of these choices. Awareness of choice dictates that the individual or group must risk standing alone. The way reality is construed is not ultimately determined by its independent truth, but our

choice of choices to define reality in a particular way.

It may or may not come as a surprise to a reader of this thesis that this chapter does not include a chart where I have on the basis of some sort of meta-analysis classified the psychotherapies considered as either belonging to one or the other orientation. When I began this exploration I thought that this was a perfectly valid expectation. The difficulty which emerges for me now when someone says, "Linda is a resistant person", is the ambiguity as to the basis on which this observation is made. Does this mean that Linda's resistance is autonomous and independent of the existence of the person making this statement? Or does it mean that the person making the statement in relationship to Linda finds his or her will being opposed? This ambiguity can only be resolved by a choice as to how this statement obtains meaning. I have spent many a frustrating hour trying to fit theories appropriately as "really" substantiating one view or the other. Now I realize that the lesson of this frustration was that the realities and truth each theory purports are not things in themselves; what they mean and permit me to justifiably do is dependant on my own prejudices, biases, and preconceptions that my choices create. To be sure I find some theories quite easy to situate in one camp or the other, but most lie in a gray middle ground. But does this not ultimately say more about me than the theories themselves?

In asking what is more significant, choice or proof, I opt for choice. The way a theory is languageed is not a necessary condition to determine its absolute meaning, or how we as idiosyncratic individuals choose to use a particular theory. The reader is therefore invited to make similar independent choices and distinctions as to how the theories considered and

other theories are to be classified.

My hesitancy to be definitive stems from my emerging sense of knowing how knowing gets done. A theory is only a theory. Remaining aware of this takes away any power to confuse it with something it is not. A theory is a collection of ideas organized in a certain way which are tentative; very tentative if they try to explain as complex a field as the human psyche. Now many theories seem to me to be more like useful abstractions than some sort of psychological absolute. A definite danger remains, however, unless an individual can make use of this awareness to cultivate the capacity to step back and see a theory for what it does. A theory creates an order which at the same time delimits the meaning of reality it creates and specifies as relevant. Rushing in, or acting impulsively to treat a client, because this is what we want and having theory explain how to do it can lead to blindness, particularly when therapy is successful. Continued engagement with only one way of seeing can hide its ultimately fictional nature. We act within a program which hides its existence as a program. An individual can come to see an activity as taking place in a reality which exists independent of that activity. There is no way to show a blind person their blindness; we do not see what we do not see (Von Glaserfeld, 1984). Perhaps it is only through circumstance, fate, pain, curiosity, failure, or the slightest openness to the reality of another that our certainties can be bumped and rattled enough to reveal them as only partial. Understanding the implications and consequences of how the client-therapist relationship differs between a structured and process point of view may serve as a way of bumping our certainties. This is the topic of chapter five.

CHAPTER 5: ALTERNATIVE DEFINITIONS OF THERAPY

Introduction

This chapter charts the implications and consequences of making a structured or process orientation operational in therapy. Not only does an epistemological stance guide theoretical development it also warrents the continued existance of the theory itself. Therefore both theorist and practicing therapist depend on an epistemological basis to justify the experience of therapy. What arises is that different epistemological assumptions lead to different implications as to the specific roles and activities that the participants in therapy need to engage.

Contact verses Distance

Both structure and process oriented therapists see the client as a separate individual. In a structurally oriented system the therapist has little or no relationship to the client as a contributing factor to the client's problem. The problem exists prior and independant of the therapist's existence. Therefore the therapist-client relationship is characterized by its distance. Paradoxically, once therapy is engaged the therapist acts on a theoretical or explanatory basis that reveals the meaning of the client's statements from within the explanatory structure that the therapist holds. Once so situated, the name, hypothesis, or label that defines the client's state or problem is made known and there arises in tandem with the identification of the problem the therapeutic interventions, number of sessions needed, and the conditions by which therapy can proceed.

While on one level the therapist and client are held to be objectively

separate and independent, on another level both are held within the same explanatory structure to give meaning for the activity which the therapist enables. The client may expect this to happen because trust is placed in the status and authority of the therapist to structure the situation so that the problematic situation will go away. What occurs is that the client becomes dependant upon the explanations of the therapist in order to resolve the problem. Maybe this is all the client wants; to hope that by conforming to the meaning, directives, and explanations held by another the pain, frustration, and anxiety brought on by the problem will cease. This dynamic can be likened to a process of substitution where the explanations of the client are substituted by those of the therapist in order to deal with the situation. The process orientation acknowledges the value of re-norming client experiences within a theoretical framework to provide new meanings for behavior and experience as having value. The significant difference is that a structurally oriented person knows what this re-conceptualization must be in order to both effectively deal with and define the problem. A process oriented person cannot make such claims with certainty. Consequently new meanings are sought in the context of the therapeutic relationship itself, or therapy is focused on giving clients the challenge of re-defining experiences for themselves.

Process oriented therapy centers on individuals engaged in a relationship with each other in order to resolve the problem. Both individuals are viewed as having separate histories and identity. Since the explanations of neither individual can determine the reality of the other, a new explanatory system emerges with the establishment of a relationship

between the therapist and the client. The therapist-client relationship is characterized by its contact or interdependence. The therapist must take an active role in the establishment of this relationship where the separate identity of each person is respected, yet brought into relationship. The therapist does not implicitly or explicitly define therapy on an explanation of what the client's problem is and what needs to be done with it.

Therefore on one level the client is allowed to keep the problem as it has come to be defined, and to explore new activities which would change its definition. At the same time on another level the therapist agrees to remain in relationship to the client by changing as the client changes. The termination of therapy occurs when the relationship between therapist and client is seen as having fulfilled its task, or as no longer beneficial in meeting the needs of the client. Termination does not exclusively occur when the therapist declares the client cured, or an inappropriate candidate for therapy.

Translation versus Inquiry

A therapist proceeding from a structurally oriented position assumes the role of a translator of client statements and behavior. What is taking place is the removing of client statements from their original context, and situating them in the explanatory context of the therapist. If a client says, "Egar's wishes should always be appeased", a therapist could translate this as constituting an irrational belief, or alternatively as originating from some hypothesized source; a false self, low self-esteem etc. With translation, what the therapist is doing is creating an image of what the client really is saying when the problem is talked about. Once a conceptual picture is formed the therapeutic interventions needed to change this picture can also be

identified. Therefore, on one level the therapist gives the appearance of listening to what the client is saying, but on another level the therapist is translating these statements as to their meaning within a different explanatory structure. By doing this the therapist can seem to know what the client means even though the client does not. While a process perspective acknowledges that adherence to a theoretical reference sanctions translation and interpretation as valid this activity can seriously preclude a conversation that encourages consensuality between client and therapist. This relational component is what makes a difference by enabling both therapist and client to bring about a new "reality" through language. Since a structured approach can make claims as to what this reality actually is it presents itself as authoritative implicitly encouraging certain levels of either resistance or compliance.

A process perspective is far less deterministic. As the therapist holds to no single explanatory system as absolutely legitimate, client statements only have meaning within the context of generation. When a client says, "Egar's wishes should always be appeased", the meaning of the activities and contexts which make that statement valid and meaningful for the client need to be inquired into. What, "is literally", lost in the translation, is the history, and contexts from which client statements emerge. This excluded information, excluded so that the client's situation has sharp theoretical focus, prohibits the possibility of focusing therapy on changes in meaning in relation to changes in the client's activity. In a process orientation the therapist attempts to listen to what the client is saying as a way of understanding where one comes from, but not ultimately knowing the meaning of these statements

independent of the person saying them. The ambiguity around the possible co-existence of different meanings needs to be inquired into. However, a literate and educated public increasingly permits individuals to self-diagnose the existence of a problem. A client can readily utilize labels in therapy assuming that the therapist by virtue of expertise and education knows what these labels mean and expect the therapist to consequently act on the basis of these meanings. By introducing ambiguity around the seeming clarity of these terms the client's behaviors and activities which lead to the choice of a particular term are made more significant.

Choice and Responsibility

Differences in the choices and responsibility assumed by both therapist and client alike shift significantly depending on whether a structured or process approach to therapy is engaged. In a structured orientation the choice of a specific explanatory system and responsibility for its being made operational is the therapist's for both therapeutic success and failure.

Consequently, a structured orientation permits the therapist to justify all therapeutic outcomes, and retain adherence to the stability of a point of view. Successful therapy appears to indicate that both therapist and client are participating within the same explanatory system. To do this the client must cede personal choice and responsibility over to the therapist to devise and maintain a structure for therapy that will lead to effective change. If therapy stalls, or effective change is not forthcoming, the client is viewed as somehow resisting the necessary changes for therapy to be successful, but not because the choices of the therapist make this a necessity. The therapist can remain unaware of this assumption. Therefore therapeutic difficulty can

be attributed as the client's fault. It would be more accurate to say that when therapy breaks down the client is seen as participating within an explanatory system of the therapist, yet independently of the therapist's control and influence. But this would make therapeutic breakdown the problem of the therapist not of the client. The tendency to see the former attribution as valid is due to focusing exclusively on the effectiveness of outcomes rather than on the structural constraints of how success and failure need to be attributed. When therapy works it is the skill of the therapist who is responsible for this outcome, but failure and therapeutic breakdown is the responsibility, and now somehow the fault of the client.

In a process orientation, because the existence of a single explanatory structure as absolute is eschewed as relative, emphasis is placed on the distinctive types of responsibilities and choices both therapist and client alike explicitly assume in order to be engaged in therapy. The therapist is responsible for the process of therapy itself. This is done through the establishment and maintenance of an interdependent relationship to the client. The therapist also chooses to act, (within limits) to remain in relationship throughout this process to the client however the client changes. Regardless of how the individual defines oneself the therapist takes steps to be in relationship to the other person. Therefore when the client is experienced as resisting it represents a challenge to the therapist to make a choice and act differently.

The original meaning of idiot, from the Greek, meant private. This expresses the notion that a person is not an idiot in and of oneself, but the activities one engages in can make it very difficult for others to establish a

harmonious or consensual relationship. Idiots tend to end up isolated. In the process orientation the behavior of others presents both a choice and challenge. First the choice to engage a relationship, and second the challenge to find a way that in my activity I can make it function in a harmonious manner. This is entirely different than the attitude of a structured approach where the individual is invariably the same independent of a relationship to any one else. This approach lays emphasis on the client to change first, (by complying with a mode of treatment), and then a relationship is possible.

The client, in a process perspective is responsible for the problem, responsible in the sense that a response is needed. The problem is not necessarily a thing that defines reality, but a consequence of how reality is related to. The client must act as if the problem is within one's power to control and change. The choices a client makes reflects the capacity to respond to the problem and consequently change its meaning or nature. Emphasis is placed on seeking some dimension, no matter how small, where the client can experience control over the problem rather than the problem controlling the client. Solutions to the problem are the client's responsibility, but the therapist's responsibility is to remain in relationship to the client as solutions emerge.

Prediction and Control

The structural orientation, by its belief in the certainty that the objective reality of the client can be known, can generate statements about the possibility of predicting and controlling human behavior. Prediction is possible because the existing state is viewed as a function of the explanatory

structure which brought it forth. Differences within this explanatory structure lead to the existence of different outcome states. As all possible states exist within a single unitary structure the goal of therapy is to move the client from state A to state B. The structurally oriented therapist knowing both the beginning and termination points of therapy is afforded both prediction and control by virtue of the explanatory structure itself. Therefore, independent of client participation, and prior to therapy a theorist can use explanations to sanction statements which predict and control the linear dimension along which a change which will occur. This can be seen in the social hope that a therapeutic program will work, not as an opportunity for change, but will predict and control with a degree of certainty, change of a specific sort. The whole field of psychological rehabilitation can be viewed this way. The problematic behavior of an individual, addictive or criminal in its description, is believed to be changeable primarily due to the way a therapeutic program itself is structured.

Another example of how adherence to an explanatory structure can lead to statements of prediction and control is reflected in the case notes of some therapists. A problem, once identified, is sometimes held as requiring ten sessions to treat. Implied in making this claim is that there is a clear linear progression from the problem to the cure. On this basis a therapeutic "game-plan" can be sketched out detailing how in each session an incremental movement will occur towards the resolution of the problem. It is of course up to the individual therapist to decide the circumstances that determine how the game plan needs to be adhered to or modified. What is illustrated however is that by using an explanation one can predict what will happen, and attempt to

control what does happen. A therapist does not have to be using an established psychotherapy in order to do this; adherence to any explanation is sufficient. Some explanations just work better than others.

In a process perspective the existence of any stability is contingent on the activities which brought it forth. Therefore any definition of the client's reality must be recursively reinforced by the activity which makes that reality meaningful. This recursiveness obtains the function of stability for the individual, but at the same time the function of the outcomes which reflects this stability is problematic. In a process perspective the client is encouraged to abandon the stability of a problematic identity and act to find another. Unlike a structurally oriented therapist a process oriented therapist has no specific idea what this alternative identity might be.

Permitting the client the freedom to respond to the problem in a personal way dictates that a process oriented therapist cannot predict or control the changes which will occur. Once a client is made aware of the capacity to make these distinctions entirely new meanings or definitions of the client's relationship to the problem may emerge. Instead of the problem being resolved in an incremental fashion it may simply vanish. Novel and unpredictable responses to problems characterize the therapeutic encounter.

The risk that the client is asked to take is to let go of the seeming stability and certainties held about meaning of the reality within which the individual operates. Many dimensions of reality do not exist independent of the choice to make them so. Confusion among these dimensions can lead to unthinkingly act in conformity to structural constraints which only become real through choice.

The confusion between what is arbitrary with what is certain from this perspective occurs for many structurally oriented therapists and clients alike. Both adhere to an implicit structure to define the meaning of activity in a dependant relationship to determine outcomes of various sorts. The consistency and stability of outcomes confirms the stability of the structure. For a therapist this confirmation can be successful outcomes in therapy. Failure is explained away as the client's fault. For a client, the confirmation is the persistent existence of the problem; alternative experiences which threaten the stability of the problem are explained away as somehow independent consequences of the client's activity. Acting this way both therapist and client demonstrate their dependency and reliance on an explanatory model to define the conditions where the significance of activity can be confirmed or negated relative to the expected outcome. In a process orientation it is precisely those moments where expectations are not met, or something novel occurs that are of interest. The experience of a difference that activity generates signifies a moment where a distinction can be made that the structure which gives a situation meaning may no longer be warranted.

Summary

What is seen when the dimensions of how the client-therapist relationship changes between a structured and process approach are explored is the radical difference as to what is of significance and value in therapy. In a structured approach what matters most is the therapeutic effectiveness. Effectiveness is touted as the primary condition to sanction the validity of an explanatory system. Both therapist and client alike can engage in therapy

seeking a solution to the problem regardless of what the explanatory structure dictates as the necessary activity and meanings needed to produce the change. Because the therapist is effective in producing change it seems reasonable to the client to allow the therapist to define how this change needs to take place. In doing this the client assumes a dependant position and the therapist assumes responsibility for structuring a solution to the problem. This dynamic remains even if the therapist takes an eclectic stance of trying many different interventions to find the one "that works".

In a process orientation effectively changing the client is secondary. What matters is the clients capacity to draw distinctions among what is stable and changing in relationship to individual activity to create the reality within which activity occurs. Awareness of the choice permits the client to experience the dimensions that reality can change in relationship to activity and where it remains the same. Knowing the difference, an individual can choose and take responsibility for how the problem is related to. What matters is the process of seeing the interdependence of how a situation is structured to the outcome generated. If we only pay attention to the outcomes to bring forth the experiences we want or expect, we can lose sight of the structure itself to delimit the meaning of our activity, or our capacity to shift among structures and therefore open the possibility of new meanings and activities which describe our existence. To do this however of course implies letting go of the outcomes we expect as certain.

It would unfair to give the impression that the therapist-client dynamic presented in this chapter is somehow not contingent on individuals to make them operational. There are major individual differences among therapist

and clients as to the clarity of what they do to get things done. With clarity also comes the realization of the choices made in order to achieve what is desired. How reality is structured determines our freedom to respond to it. Once the dimension of individual choice and activity to create structure is made explicit it is difficult to assume that the existence of anything cannot change its meaning in relationship to our activity. Even an individual with a terminal disease can make choices which change the meaning of its existence.

It is a trap to deny our choices with the vain hope that out there somewhere is a psychotherapy that is maximally effective and better than all others. With the realization that any configuration of reality is ultimately based to some degree on the choice, and not solely on some measure of effectiveness which we can quantify the antagonism and competition among divergent views would cease. Acknowledging the role of choice, emphasis shifts to seeking the perspective which would serve in the understanding of how a problem or situation can be defined.

CHAPTER 6: CONCLUSION

Psychology represents probably one of the most complex and intricate domains of exploratory inquiry. It reflects attempts to understand ourselves: what makes us human, how behavior is controlled and changed, what gives life meaning, what is the role of human freedom, choice and responsibility.

This thesis traces the attempts of individuals (theorists) trying to make sense of the world around them. The variety and diversity of psychotherapies in use today is both a tribute to human attempts to explain reality and a reminder of the futility of ever fully capturing this reality. We can only grasp certain aspects of the whole at a time. Among the psychotherapies considered some are dependant on the hopes of the theorist to find those aspects which are relevant to the identification and resolution a problem. Proof of apparent relevance is effectiveness and success in generating the outcomes hoped for. Other psychotherapies are dependant on the possibilities that what is relevant can change in relation to our activity. What is relevant are the choices we make. Either approach reflects fundamentally a distinction as to how we operate and define reality.

The persistence of client resistance in therapy provides a vehicle to explore how the same experience is made meaningful in different and distinctive ways. The biblical adage of "seek and ye shall find" illustrates the crux around which this entire inquiry revolves; our ability to ascribe primacy to either seeking or finding. If finding a reality, goal, answer, endpoint, or thing is most significant then what matters relative to finding "something" is what must be abstracted from the whole, conceptualized,

labeled and made stable. On this basis what emerges are techniques, technologies, steps, procedures, stages, formulas and methods that reflect what is relevant in the obtaining of the goal. In doing this we adhere to maps, charts, ideas, or images, the structure of which in a reliable and reasonable fashion lead to what we expect to find. Continued success and effectiveness in finding what we expect can lead to the assumption that what is found is somehow not an image, but real, because we continuously and in a stable manner find the same thing. Through conditioning and habit we no longer seek; instead we rely on the stability of images and their meaning with a certainty that they no longer function as ideas, but as truth and reality itself.

If seeking is most important then what matters is an awareness that out of the multiplicity of aspects and possibilities occurring in the present I can choose those aspects which are most relevant. We create ideas and images through our activity. We do not only conform to the images and concepts that pre-exist the present moment; we create the present moment from amongst the possibilities available. Yet, how I seek is inevitably tied to what is found. Dichotomies emerge as a consequence of how I seek which reflects what is relevant in relationship to me, in my existence, not to reality itself. Knowing that this is a choice allows me to make other choices which are more harmonious with the possible co-existence of other possibilities. Among human beings there is no truth to fight over, and nothing to prove. What emerges is respect for an individual's/group's right to choose, but also to take responsibility for the consequences of these choices. Aware of choice one begins to reflect on what is possible and what consequences our choices will bring.

The structured and process points of view are different though complementary ways of making sense of our existence and experience. Both views are necessary and emerge simultaneously. With language we can indicate on which epistemological basis relevant meaning is assumed to operate and exist. When both views are held as legitimate what remains is the intelligence, to know the difference as to when and where the application of one approach or the other is appropriate.

In many respects the human predilection for explanations and theories to structure our reality remains prevalent. When I visit the local bookstore the number of "how to" books seems to be multiplying like mushrooms after a summer rain. The response to the failure of a single unitary structure to effectively explain individual differences, problems, and realities has led to increasing fragmentation. The divergence among psychotherapies continues unabated. Herink, (1980) lists over two hundred and fifty therapies in use. When modified forms of twelve step programs and "new age" approaches are considered the therapies available in 1992 must easily exceed five hundred.

Yet, implicit in every "how to" book or therapeutic approach is a "why"; a way that reality has to be defined in order for a how to be made operational. An individual ignorant of why reality is experienced the way it is can through a book, or talk show find a conceptual system which provides answers. Consequently an individual can explain and identify the causal factors that determine the present. Concepts such as a dysfunctional family, shame, an inner child, etc. all represent a new, (new at least in 1992), generation of conceptual reasons that can possibly determine my present experience of my own existence. A process oriented individual would point

out that if a different book were selected or an alternative explanation adopted the individual's existence would be defined in different ways. That this possibility exists brings to the forefront the reality of a choice to define reality in different ways. The realization that how and why are interdependent compels the individual to acknowledge the role of choice to make a particular explanatory system operational. Perhaps the sheer divergence of perspectives will make this dimension of choice more obvious.

Future Research

I think it would be interesting to investigate the role and function of various types of idiomatic speech. Persistent pat phrases, seem to serve as reminders of the dangers of confusing the assumptions made to make our experiences meaningful with reality itself. The following examples illustrate this function:

Look before you leap, (but), one who hesitates is lost.

Fools rush in where angels fear to tread.

There is more than one way to skin a cat.

There are other fish in the sea.

Time heals all wounds.

There's a sucker born every minute.

All that glitters is not gold.

Beauty is only skin deep, (or) in the eye of the beholder.

Talk is cheap... Actions speak louder than words.

Idioms, expressions whose meaning cannot be derived from their constituent elements, obtain meaning that is "proper to one" from the Greek "idio", serve to remind us that the meaning ascribed to the present moment is

not absolute. Other meaningful possibilities always co-exist. I wonder what therapeutic impact would be realized if clients selected an idiom as "proper to one" as to how their problems came into existence and are maintained. An alternative study would be to classify idioms as to the different types of erroneous assumptions they serve to illustrate.

The broad scope of this thesis has lead me to think that the issue of informed consent should be delved into more deeply. Just as a sensitive medical doctor would detail the options available to the client, so too to what degree should a therapist make plain the various theoretical ways that the client's situation can be conceptualized and defined. The awareness that the consequences of therapy and the way it is structured are interdependent suggests to me that the client needs to be informed of both. The same individual situated in different theoretical contexts comes out with different problems, different domains of conceptual relevance, and different types of therapeutic intervention. In my experience the theoretical orientation utilized, hypotheses generated, case notes written are often not communicated with the client, but never the less acted upon. Does this withheld information function like some sort of placebo effect? Or does the way therapy is structured not matter to the client so long as it is effective?(The end justifies the means). I think it would be interesting if these activities of the therapist were revealed as the therapist's choices to the client. How would clients respond?

This thesis can serve as a template to explore the emergence of many different conceptual terms in psychology. Conceptualizations such as schizophrenia, depression, intelligence, homosexuality, P.M.S, to name only a

few, all have a history of development and changing relevance in the domain of psychotherapy. Tracing their ontogeneses would reveal changes in what these terms meant relative to their consequences and implications. There is also the possibility of developing an alternative history as suggested by Wittgenstein of what reality would be like if a particular conceptualization did not occur. Exploration of this sort into the origins and history of psychology serve to underscore that the definitions of psychotherapy came from somewhere, through the activity of someone, and not independently of the contextual constraints of time and space. This exercise would also help to illustrate the joint responsibility of those who engage in psychotherapy to both create problems and disorders as well as devise interventions to resolve them.

A study adjunctive to the one just considered would be to explore different historical or cultural domains which define the same behavior differently. I think it would be enlightening to explore the distinctions that lead to the same person in one context being defined one way, but differently in another. Distinctions among different definitions may reveal how and why we justify our limits to accommodate another's behavior.

I think it would be useful to apply the alternative epistemological perspectives which evolved in this exploration as a way of looking at the relationship of symbols and gender. This is a highly complex area which at present is undergoing significant change. It seems to me that some individuals are trying to articulate, and make clear the perspective that some symbols actually reflect an implicit gender distinction which must be made explicit, (for example sexist language). This view is emerging as an

alternative to the traditional view in our society that certain terms actually reflect distinctions in function. Perhaps a process approach can help to make clear that the ambiguity as to what words mean is resolved by how we choose to experience its meaning. Clarity around the role of choice emphasizes that language does not specify an ultimate reality, but only that perspective towards reality which we take. We are witnessing social change, in this culture, away from social roles defined in functional terms to roles primarily defined in terms of inclusion or exclusion. This is not a new configuration. "Originally, a symbol was a token or counter, like the stub of a theater ticket which is not the performance, but will take us to where the performance is" (Frye, 1990, p. 109). We are rapidly approaching a social consensus that gender is no longer a sufficient criteria to exclude an individual from many sorts of performances. I wonder if it would be possible to explore what other criterion of inclusion/exclusion are presently emerging to define distinctive domains of appropriate behavior for the individual.

EPILOGUE

During the defense of this thesis there was unanimity among committee members that the flow and structure of this thesis would be more comprehensible if a missing, though pervasive, element was made explicit. Namely, this aspect was my own process and development as a person to bring this work forth. That what I was doing and how that doing changed was deemed relevant I see as an affirmation; the questions considered certainly changed conjointly with changes in how I understood them. These shifts in my understanding explain some of the abruptness and inconsistencies in what is said.

This work reflects my personal exploration of the role and limitations of a theory or perspective to be useful, and yet at the same time define and delimit the reality within which this use could be obtained. My own mode of exploration alternatively adhered to the principles of either a structured or process approach. The relationship of use and theory viewed as a structure dictated its independence from my own activity. This relationship viewed as process dictated it depended on my own activity. The course of my own development was to see the differences either stance generates. My personal responsibility became clear when I saw either approach as an organizational basis I could choose in order to understand.

When I began this work I deliberately choose to operate without a methodology or theoretical perspective. However, to claim independence from a framework is quite different than acting with such independence. In hindsight I see that I believed, at the onset, that beneath the diversity of

definitions for the same experience there was a single framework which brought this diversity forth. My hope was that through textual analysis I could show an invariant relationship between a definition and the activity, the epistemological stance, which determined that definition. Acting with a certainty born of academic success I abstracted representative quotes to support my opinions as to the nature of this relationship. What I was doing was building a case. What an author said was my evidence to justify the validity of my arguments. Initially it was quite clear to me that Freud acted on the basis of structure; Erickson on the basis of process. I was confident that subsequent analysis would show the rest of the theories considered falling into one or the other category of this dichotomous system. Chapters two and three emerged as attempts to structure the material so as to tease apart proof of this absolute distinction. Yet the more I explored the literature the more I became aware of what I was attempting to do, and how I was doing it. My certainty to find and structure a well reasoned argument which was valid, or at least acceptable collapsed. Instead of proceeding with clarity, every attempt to see with clarity brought only confusion and chaos. I experienced moments of genuine despair as my attempts to formulate a set of propositions which were irrefutable did not happen. Instead of certainty there existed only possibilities. Yet, coupled with the frustration was a child-like sense of wonder. I had first hand experience of the crazy instability which occurs, but the wonderful possibilities as well, when one shifts among various perspectives and sees the change that changes of perspective generate.

Now I view my analysis of the theories and definitions considered not as a representation of what they actually meant, but my interpretation of what I

saw them as meaning. The compromise I finally struck was to see what was presented as a consequence of my own analysis, yet an analysis not so radical as to contradict the prevailing attitudes of the community of which I am a part.

Realizing that definitions of resistance whether denoting or connoting a form of relationship, or serving some homeostatic function in and of themselves do not resolve what they mean dictated a major shift in direction. (The introduction was entirely rewritten to incorporate this shift). What became relevant was how the unique individual confirmed the validity of a perspective. The structured and process perspectives are a means, ultimately a personal attitude to how knowing and the meaning of our activity is obtained and justified. As I become more aware of the changes in function and the meaning of the meanings available when a particular epistemological stance justifies my existence, activity, and relationship to others, my life assumes its own authority. As an authority no certainty, proof or truth exists either independent or dependant in its meaning independent of my choice to make it so. This is the responsibility of an individual who acts in freedom; awareness that what existence and reality are is determined by how one chooses to look.

Whoever that individual was who began this endeavor two years ago has in a sense disappeared. Instead of trying to explain the world as it is, psychological or otherwise, my journey now concentrates on the world that I am and how it changes.

REFERENCES

- Ansbacher, H. L., & Ansbacher, R. R. (1956). The individual psychology of Alfred Adler. A systematic presentation in selections from his writings. New York: Basic Books.
- Aponte, H. J., & VanDeusen, J. M. (1981). Structural family therapy. In A. S. Gurman, & D. P. Kniskern, (Eds.), Handbook of family therapy (pp. 310-316). New York: Brunner/Mazel.
- Baldamus, W. (1972). The role of discoveries in social science. In T. Shanin, (Ed.), The rules of the game. cross-disciplinary essays on models in scholarly thought (pp. 276-302). London: Tavistock Publications.
- Bateson, G., & Bateson, M. C. (1987). Angels fear: towards an epistemology of the sacred. New York: Macmillan.
- Beames, T. B. (1984). A student's glossary of Adlerian terminology. (Available from T. B. Beames, Counselling and Consulting Services, 106 Gifford Rd., Ladysmith, B. C. V0R 2E0)
- Bohm, D. (1984). Fragmentation and wholeness in science and society. (Transcript of a seminar sponsored by the Science Council of Canada, Ottawa, May 10th, 1983)
- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). Milan systemic family therapy. New York: Basic Books.
- Capra, F. (1988). Uncommon wisdom: conversations with remarkable people. New York: Simon and Schuster.
- Ellis, A. (1985). Overcoming resistance. New York: Springer Publishing Company.
- Ellis, A. (1980). Overview of the clinical theory of rational-emotive therapy. In R. Grieger, & J. Boyd (Eds.), Rational-emotive therapy a skills-based approach (pp. 3-17). New York: Van Nostrand Reinhold Company.
- Ellis, A. (1973). Humanistic psychotherapy. New York: The Julian Press, Inc.
- Ewen, R. B. (1988). An introduction to theories of personality. (3rd ed.). Hillsdale, N. J. : Lawrence Erlbaum Associates.
- Erickson, M. H. (1980). Innovative hypnotherapy. New York: Halsted Press.
- Franklin, G. (1990). An open-ended approach to psychoanalytic theories. Contemporary Psychoanalysis, 26, 518-523.

- Freud, S. (1977). Introductory lectures on psychoanalysis. (J. Strachey, Ed., and Trans.). New York: W. W. Norton & Company. (Original work published 1917).
- Freud, S. (1936). The problem of anxiety. (H. A. Bunker, Trans.). New York: The Psychoanalytic Quarterly Press and W. W. Norton & Company. (Original work published 1926)
- Frye, N. (1990). Words with power. Markham, Ont.: Penguin Books.
- Gendlin, E. T. (1962). Experiencing and the creation of meaning: a philosophical and psychological approach to the subjective. New York: Free Press of Glencoe.
- Gleitman, H. (1986). Psychology. (2nd ed.). New York: W. W. Norton & Company.
- Gill, J. H. (1989). Mediated Transcendence: a postmodern reflection. Macon: Mercer University Press.
- Habermas, J. (1971). Knowledge and human interests. (J. J. Shapiro, Trans.). Boston: Beacon Press. (Original work published 1968)
- Haley, J. (1980). Leaving home: the therapy of disturbed young people. New York: McGraw Hill.
- Haley, J. (1976). Problem solving therapy: new strategies for effective family therapy. San Francisco: Jossey-Bass.
- Harris, R. (1988). Language, Saussure and Wittgenstein: how to play games with words. London: Routledge.
- Herink, R. (Ed.). (1980). The psychotherapy handbook. The A to Z guide to more than 250 different therapies in use today. New York: New American Library.
- Horney, K. (1967). Feminine psychology. H. Kelman, (Ed.). New York: W. W. Norton & Company.
- Horney, K. (1945). Our inner conflicts: a constructive theory of neurosis. New York: W. W. Norton & Company.
- Horney, K. (1942). Self-Analysis. New York: W. W. Norton & Company.
- Jung, C. G. (1965). Memories, dreams, reflections. A. Jaffe, (Ed.), (R. Winston, & C. Winston, Trans.). New York: Vintage Books.
- Jung, C. G. (1933). Modern man in search of a soul. (W. S. Dell, & C. F. Baynes, Trans.). London: Harcourt Brace Jovanovich.

- Kahn, E. (1989). Carl Rogers and Heinz Kohut: On the importance of valuing the self. In D. W. Detrick, & S. P. Detrick, (Eds.), Self psychology comparisons and contrasts (pp. 213-231). London: The Analytic Press.
- Kaufmann, W. (1980). Discovering the mind. Vol II: Nietzsche, Heidegger, and Buber. New York: McGraw Hill.
- Kelly, G. A. (1963). A theory of personality. New York: W. W. Norton & Company.
- Kelly, G. A. (1955). The psychology of personal constructs: Vol 2 clinical diagnosis and psychotherapy. New York: W. W. Norton & Company.
- Langs, R. (1980a). Resistances and interventions. New York: Jason Aronson.
- Langs, R. (1980b). Interactional and communicative aspects of resistance. Contemporary Psychoanalysis, 16, 16-52.
- Madanes, C. (1981). Strategic family therapy. San Francisco: Jossey-Bass.
- Marshall, R. J. (1982). Resistant interactions: child, family, and psychotherapist. New York: Human Sciences Press Inc.
- Maturana, H. R., & Varela, F. J. (1988). The tree of knowledge: the biological roots of human understanding. Boston: New Science Library.
- Menaker, E. (1989). Otto Rank and self psychology. In D. W. Detrick, & S. P. Detrick, (Eds.), Self psychology comparisons and contrasts (pp. 75-89). London: The Analytic Press.
- Menaker, E. (1982). Otto Rank: a rediscovered legacy. New York: Columbia University Press.
- Minuchin, S. (1974). Families and family therapy. London: Tavistock Publications.
- Minuchin, S. (1967). Families of the slums: An exploration of their structure and treatment. New York: Basic Books.
- Monte, C. F. (1980). Beneath the mask, (2nd ed.). New York: Holt, Rinehart and Winston.
- Morris, K. T., & Kanitz, M. H. (1975). Rational-emotive therapy. Boston: Houghton Mifflin Company.
- Nagel, T. (1974). "What is it like to be a bat"? Philosophical Review, 83, 435-450.
- Nietzsche, F. (1968). The portable Nietzsche, (W. Kaufmann, Trans., & Ed.). New York: Penguin Books.

- Nietzsche, F. (1966). Beyond good and evil, (W. Kaufmann, Trans.). New York: Vintage Books. (Original work published 1886)
- Otani, A. (1989). Client resistance in counselling. Journal of Counselling and Development, 67, 458-461.
- Palazzoli Selvini, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing - circularity - neutrality: three guidelines for the conductor of the session. Family Process, 19, 3-12.
- Palazzoli Selvini, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). Paradox and counter-paradox. New York: Jason Aronson.
- Penn, P. (1982). Circular questioning. Family Process, 21, 267-280.
- Perls, F. (1975). Gestalt therapy and human potentialities. In F. D. Stephenson, (Ed.), Gestalt therapy primer: introductory readings in gestalt therapy, (pp. 73-79). Springfield: Charles C. Thomas.
- Perls, F. (1973). The gestalt approach and eye witness to therapy. Palo Alto, Calif.: Science and Behavior Books, Bantam Books edition.
- Piercy, H., & Sprenkle, R. (1986). Family therapy sourcebook. New York: Guilford Press.
- Polanyi, M. (1989). An extract from Journeys in belief. In B. Dixon, (Ed.), From creation to chaos. Oxford: Basil Blackwell.
- Quinn, S. (1987). A mind of her own: the life of Karen Horney. New York: Summit Books.
- Rank, O. (1978a). Truth and reality, (J. Taft, Trans.). New York: W. W. Norton & Company. (Original work published 1936).
- Rank, O. (1978b). Will therapy, (J. Taft, Trans.). New York: W. W. Norton & Company. (Original work published 1936).
- Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch, (Ed.), Psychology: a study of a science, Vol.3, (pp. 184-256). New York: McGraw-Hill.
- Sorri, M., & Gill, J. H. (1990). A post-modern epistemology: language truth and body. Queenston: The Edwin Mellen Press.
- Stolzenberg, G. (1984). Can an inquiry into the foundations of mathematics tell us anything interesting about mind? In P. Watzlawick, (Ed.), The

- invented reality, (pp. 257-308). New York: W. W. Norton & Company.
- Strean, H. S. (1985). Resolving resistances in psychotherapy. New York: John Wiley & Sons.
- Suppe, F. (1977). The structure of scientific theories, (2nd ed.). Chicago: University of Illinois Press.
- Tomm, K. (1984). One perspective on the Milan systemic approach: part I. Overview of development, theory, and practise. Journal of Marital and Family Therapy, 10, 113-125.
- Van De Riet, V., Korb, M. P., & Gorrell, J. J. (1980). Gestalt therapy: an introduction. New York: Pergamon Press.
- Von Foerster, H. (1980). Observing systems. Seaside: Intersystems Publications.
- Von Glaserfeld, E. (1984). An introduction to radical constructivism, In P. Watzlawick, (Ed.), The invented reality, (pp. 17-39). New York: W. W. Norton & Company.
- Wittgenstien, L. (1988). Tractatus logico-philosophicus, (C. K. Ogden, Trans.). New York: Routledge & Kegan Paul Ltd. (Original work published 1922)
- Wittgenstien, L. (1984). A lecture on ethics. In O. A. Johnson, (Ed.), Ethics, Selections from classical and contemporary writers, (5th ed.), (pp. 378-386). New York: Holt, Rinehart and Winston. (Reprinted from The Philosophical Review, 1965, Vol.LXXIV, No.1)
- Wittgenstien, L. (1980). Culture and value, (P. Winch, Trans.), G. H. Von Wright, (Ed.). Oxford: Basil Blackwell.
- Wittgenstien, L. (1963). Philosophical investigations, (2nd. ed.), (G. E. M. Anscombe, Trans.). Oxford: Blackwell.
- Wolf, A. F. (1984). Star wave: mind, consciousness, and quantum physics. New York: Macmillan Publishing Company.
- Wolpe, J. (1976). Theme and variations: a behavior therapy casebook. New York: Pergamon Press, Inc..
- Wolpe J. (1973). The practice of behavior therapy, (2nd. ed.). New York: Pergamon Press.
- Zalaquett, C. (1988). Becoming an Ericksonian, becoming yourself: A personal perspective on becoming an Ericksonian. In J. K. Zeig, & S. R. Lankton, (Eds.), Developing Ericksonian therapy: state of the art, (pp. 203-224). New York: Brunner/Mazel.